

# QUALITY ACCOUNT





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## WHAT IS A QUALITY ACCOUNT?

**A Quality Account is an annual report about the standard of healthcare services provided by organisations commissioned by the NHS. They are an important way for healthcare providers to report on quality and show improvements in the services they deliver to local communities. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.**

**This Quality Account details the developments we have made in the year to April 2021 in terms of the three Quality Domains of Clinical Effectiveness, Patient Safety and Patient Experience, as well as our plans to improve our patient care over the next 12 months.**

A draft version of this Quality Account was shared with NHS Norfolk and Waveney Clinical Commissioning Group, Healthwatch Norfolk and Healthwatch Suffolk for their review and comments. The responses we received are printed at the back of the document.

## PART 1 – STATEMENT ON QUALITY

Welcome to the 2020/21 Quality Account for East Coast Community Healthcare.

We could not have anticipated the scale of the challenge to the whole health and care system that would be posed by the COVID-19 pandemic and I'm hugely proud of the way we adapted and rose to the challenge. Our staff showed incredible resilience and worked tirelessly in difficult circumstances to ensure people continued to get the support they needed.

### **Our response focused on three priorities:**

- ensuring that our patients and service users received safe, high quality care through difficult times
- working as an integrated health system - facilitating safe hospital discharges, supporting care homes, redeploying staff to reinforce 'frontline' care and strengthening 'end-of-life' care in the community
- protecting the safety and wellbeing of all our staff, whether they were patient-facing in their normal role, redeployed to support critical services or working from home.

The case studies, patient feedback and statistics within this report demonstrate the quality and safety of our care, which I believe is remarkable in the context of the environment in which we found ourselves.

We pride ourselves on being a learning organisation and, as such, we have taken lessons from our COVID experience and made improvements to the way we provide our services. We have invested in digitalisation, improving our ability to offer remote consultations via phone and video. We have also shared technology with

acute and primary care colleagues so we can seamlessly share patient information to reduce unnecessary hospital stays and better provide care closer to home.

We are particularly proud to be at the forefront of embedding Primary Care Home teams across Great Yarmouth and Waveney, providing multi-disciplinary health and social care to those who need it, when they need it. This joined-up approach underpins our mission to build healthy communities, supporting people to lead independent, healthy lives.

Throughout 2020/21 our staff have continued to demonstrate the values and behaviours for which ECCH is well known. I would therefore like to say a huge and heartfelt "thank you" to all our staff for their commitment, expertise and their incredible response to the pandemic. As we look forward, I have every confidence that the team spirit we have shown so far will continue through the months ahead.



**Ian Hutchison, ECCH Chief Executive**



Inspected and rated

Good



# east coast community healthcare

*We Listen We Learn We Lead - We Work Together, Achieve Together - Be Cost Conscious and Respect Our Resources - My Accountability My Responsibility*

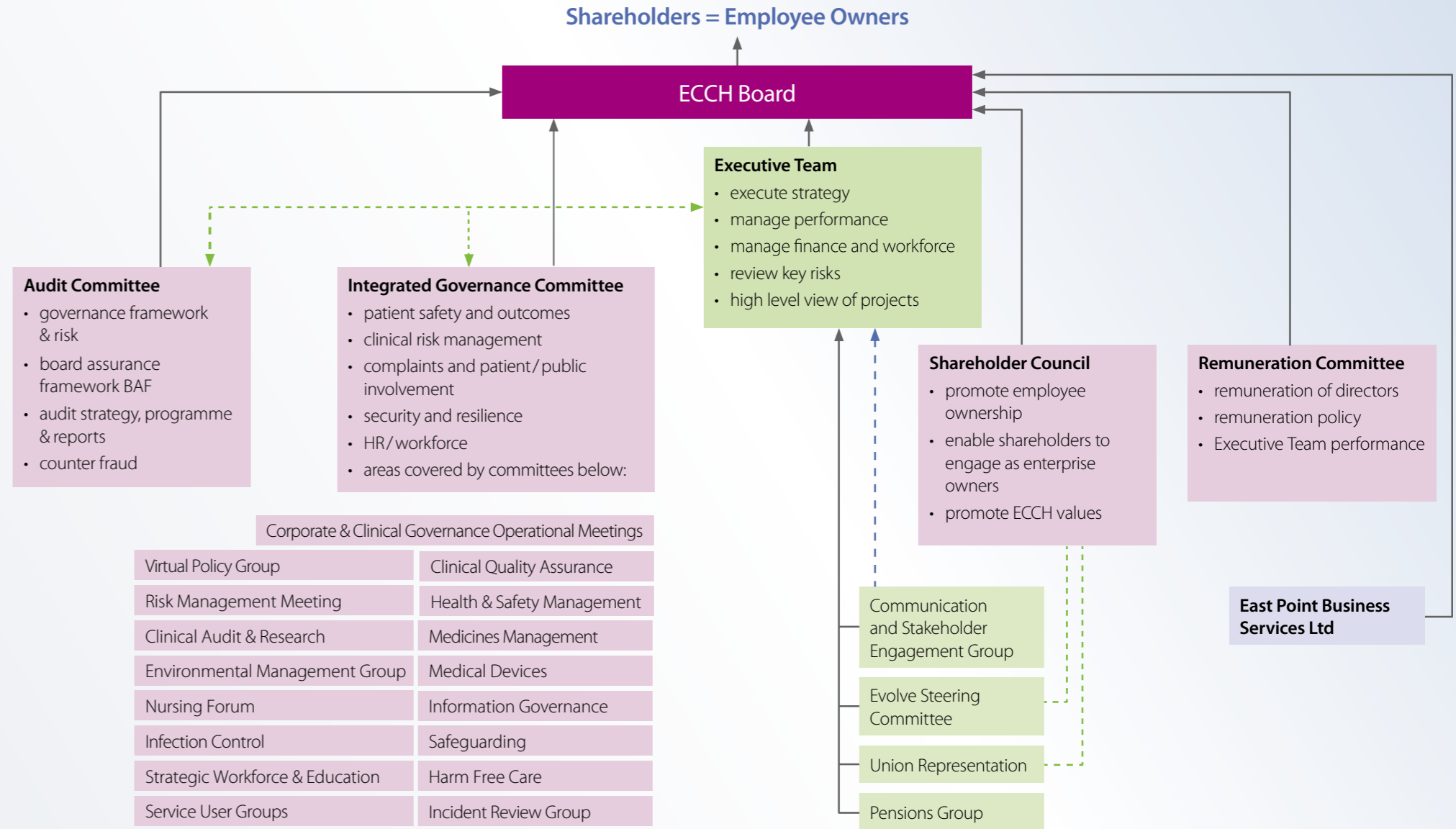
**Growing**  
 ↑↑↑↑↑  
 commercially/ ethically/ responsibly  
 sound financial base/ reserves  
 creating and sustaining  
 social value/ entrepreneurs  
 understanding risk  
 anticipating the future

**People**  
 social focus/ responsible  
 engaged and happy  
 empowered/ self managing  
 skilled and resourceful  
 future focused  
 intentional culture  
 resilient workforce

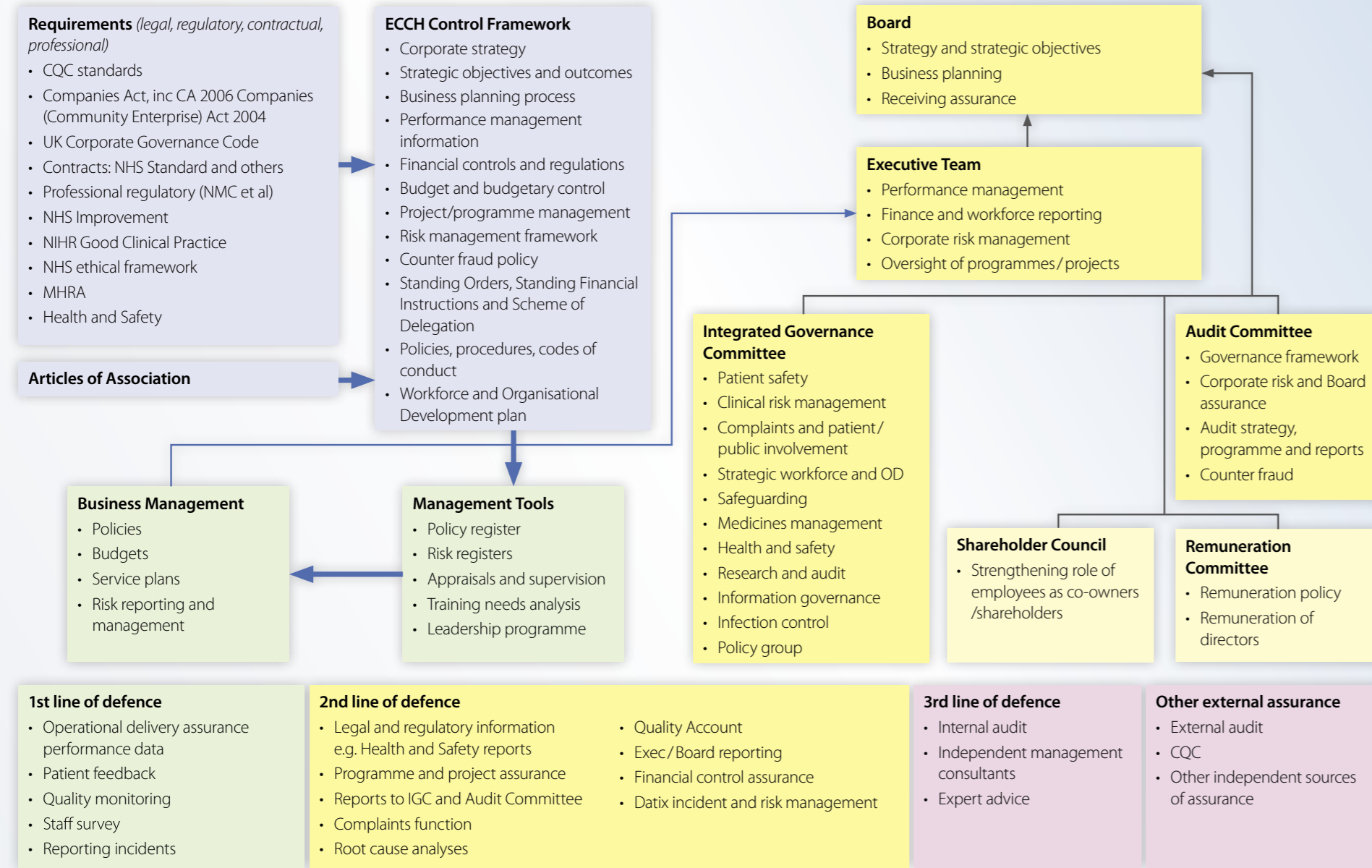
**Excelling**  
 ↑  
 outstanding service delivery  
 resourceful and innovative  
 communicating and engaging  
 strong and responsive  
 safe and responsive  
 improving health

**Partnering**  
 sharing/ learning/ growing together  
 understanding and empathising  
 enabling community action  
 connecting and networking  
 managing risks together  
 partner of choice

**Building Healthy Communities**  
 Social Value through Employee Ownership



## Our Assurance Framework



## PART 2 – PRIORITIES FOR IMPROVEMENT 2021/22

### OBJECTIVE 1: Patient Experience

To ensure that there are clear mechanisms in place for ensuring that patients have positive experiences in our care and are involved in our services and that we are being held to account by our patients.

AREA FOR IMPROVEMENT	DETAILS / ACTION
Equality and health inequalities	The COVID-19 pandemic has highlighted the problem of inequalities in healthcare. ECCH will continue to work collaboratively with our partners in the Integrated Care System (ICS) to ensure healthcare is accessible to all, and patients are treated equally.  ECCH will also continue to embed our Equality and Diversity policy, ensuring it is implemented in our everyday service delivery.
Specialist Palliative Care	We will continue to promote partnership working within our community services, including with St Elizabeth Hospice and the James Paget University Hospital (JPUH) to develop a more seamless patient-centred pathway, with an improved patient and family experience.

### OBJECTIVE 2: Clinical Effectiveness

To improve the outcomes of patients and service users, by ensuring best practice and the implementation of NICE guidance. Take part in national and local clinical audits to monitor outcomes. Look after our staff's wellbeing and provide clinical supervision and support.

AREA FOR IMPROVEMENT	DETAILS / ACTION
COVID Restart	We will harness all the learning gained from the pandemic and further develop new ways of working.  We will continue to use technology including virtual platforms to improve efficiency and offer more accessibility to both patients and staff.  We will continue to enhance our Business Intelligence dashboards using this data to improve our clinical outcomes and effectiveness for patients and services.  We will further develop smart ways of working collaboratively within the Primary Care Home (PCH) teams and wraparound services.
Ageing Well	We will further develop the Integrated Community Response with our Integrated Care System (ICS) partners to improve clinical outcomes and patient experience.

## OBJECTIVE 3: Patient Safety

To ensure our patients and service users are treated in a safe environment and are safeguarded from avoidable, unintended or unexpected harm whilst in our care. To work together with other health providers and the wider ICS to improve safety and quality delivery across the community.

AREA FOR IMPROVEMENT	DETAILS / ACTION
Decrease the frequency of pressure ulcers in our patients	<p>We will continue to improve patients' outcomes by identifying areas for improvement in prevention of pressure ulcers and increasing the adoption of preventive strategies in the inpatient unit and the community. This will involve completing the following actions:</p> <ul style="list-style-type: none"> <li>• Hold a task and finish group to review ECCH's current pressure ulcer risk assessment tool</li> <li>• To pilot an identified risk assessment tool in Minsmere ward, then roll it out with appropriate training</li> <li>• Tissue Viability Nursing (TVN) Team to attend regular team meetings and PCH huddles</li> <li>• TVN team to review Datix incidents / pressure ulcer checklists and Business Intelligence data on a monthly basis to identify any 'hot spots' or areas of concern</li> <li>• Continued development of pressure ulcer care plans for prevention and management</li> <li>• TVN to continue to review pressure ulcer checklists for advice, further actions and learning</li> <li>• TV Assistant Practitioners to recommence pressure ulcer equipment audits and training to care homes</li> <li>• TVN to recommence the training programme for the prevention and management of pressure ulcers</li> <li>• TVN Team to update pressure ulcer policy to include identified assessment tool and NHS England categorisation tool</li> <li>• Review findings and recommendations of the pressure ulcer heel audit</li> </ul>
SystemOne functionality within practice	<p>We will make the SystemOne electronic record system more intuitive to improve the reporting of patient care and facilitate accurate data collection. We will also update our system templates and training to enhance the standard of documentation. By completing these tasks our aim is to ensure records are accessible and easily understandable by both patients and carers.</p>

## PART 3 – REVIEW OF QUALITY PERFORMANCE

### Review of Quality Improvement Plans

ECCH has reviewed all the data available on the quality of care in each of the NHS services it provided or sub-contracted over the period covered by this report. The table below details the Priorities for Improvement we set ourselves for 2019/20, what we have achieved and what work remains ongoing.

AREA	UPDATE	STATUS
Improvements to diabetic foot care	Throughout the COVID-19 pandemic, our podiatrists have been redeployed to the Primary Care Home teams. However, ECCH's Podiatry Service has maintained its emergency access for patients with very high risk feet, ulcerations and open wounds, and its nail surgery sessions have also continued. The multi-disciplinary clinic for diabetes foot problems has been maintained throughout the pandemic and has expanded to include an Orthopaedic Surgeon specialising in the foot and ankle. As the pandemic comes under control, there are plans to restart podiatry for those at high risk of developing serious foot problems.	Ongoing
Increased Patient Engagement	Due to the pandemic, the organisation has unfortunately been unable to conduct some of our usual forms of patient engagement such as 'Patients as Teachers' sessions. We have resumed our Friends and Family Test surveys, which are accessible online and also with help from our volunteers who contact patients to support the completion of the forms. We continue to receive positive feedback and suggestions of areas for improvement via our Patient Advice and Liaison Service.	Ongoing
Syringe pump management	Syringe pump and anticipatory medicines continue to feature in medication incident reports. In the winter months of the pandemic we saw a cluster of incidents which, when investigated, identified that a contributory factor was the number of syringe pumps in the community in relation to staff resource available. Case studies have been incorporated into training and communications have been sent to all staff via internal newsletters and team meetings of 'huddles'. There is on-going collaborative work across the local healthcare system in relation to charts, Standard Operating Procedures and policy.	Ongoing
Gosport Report	<p>End-of-life prescribing in the community rests with a range of clinicians – specialist palliative care teams and GPs in particular.</p> <p>Guidance on prescribing is available to staff on the Knowledge Anglia website.</p> <p>St Elizabeth Hospice held an educational session for ECCH non-medical prescribers.</p> <p>Any concerns regarding prescribing are reported to ECCH Controlled Drugs Accountable Officer.</p>	Ongoing

AREA	UPDATE	STATUS
Specialist Palliative Care Services	<p>Palliative care day services and plans for expansion were paused during COVID-19. During this time, patients were supported at home, by the Specialist Palliative Care (SPC) community nursing team. Planning is in place to increase community care provision with the provision of a dedicated team, as lockdown easing permits.</p> <p>The SPC beds were used flexibly at the height of the COVID-19 pandemic to support patients to leave the acute hospital, with everyone pulling together. During this time the service saw an increase in complex patients supported at home and in a specialist bed. The ward team worked tirelessly to support relatives to maintain contact during the pandemic. The ward has taken delivery of 6 tablets donated by a relative to help overcome the challenges of restricted visiting.</p> <p>Consultant in-reach to support the James Paget University Hospital palliative care team continued during the pandemic. The SPC team continue to build relationships with site-specific medical teams.</p> <p>The OneCall system has seen an increase in calls from healthcare professionals and family carers. This system is intended for offering advice and a way of accessing specialist palliative care services directly during the pandemic, if necessary. St Elizabeth colleagues work with the primary care home teams to ensure people receive the right care in their preferred place of care.</p> <p>Counselling services moved online in April 2020. We have witnessed an increasing need for this service and it is being expanded to a team of two full-time staff. An emotional wellbeing line has been launched Monday to Friday.</p> <p>The specialist palliative care nursing team are now co-located with the PCH teams, working together to deliver seamless care. This approach has cemented during the COVID-19 pandemic.</p> <p>As a system we are working to streamline palliative care services, with the development of a single medication administration chart for syringe pumps.</p>	Ongoing
Dementia Care	<p>We continue to develop our approach to dementia care by improving staff understanding of the condition and better ways to manage it. We are working with our training department to review and refine our dementia training for staff to meet the Standards Framework. We have been updating our Record Keeping training and information to ensure it is more patient-centred to reflect the complexities of individual patients in relation to dementia care. ECCH is working as part of the Integrated Care System to ensure that dementia care is equitable across the Norfolk and Waveney locality.</p>	Ongoing
Diabetes	<p>The Diabetes Team has continued to work throughout the pandemic by altering its service to be mainly phone based. This has increased consultations. The team now have monthly Complex Case Meetings with the James Paget University Hospital's Consultant in Diabetes and Endocrinology, who also provides advice to the service between these meetings.</p>	Ongoing

AREA	UPDATE	STATUS
Staff Wellbeing	<p>ECCH's long-term Wellbeing Strategy is focused on the development of improvements to our core interventions:</p> <ul style="list-style-type: none"> <li>• Mental health and stress</li> <li>• Physical health</li> <li>• Weight loss and nutrition</li> <li>• Environment and musculoskeletal health</li> <li>• Substance misuse</li> <li>• Sleep management</li> <li>• Women's health</li> </ul> <p>Whilst continuing to work to the above strategy and interventions, the response to the pandemic has had a major impact in terms of wellbeing. Occupational Health and Human Resources have worked closely with managers and employees to maintain a network of support which includes a robust physio at home service, emotional and mental health support as well as evidence-based risk assessment and protection from COVID-19.</p> <p>Our plan as we emerge from the pandemic, and begin to deal with an endemic virus, is to include a new management support matrix and to further develop the vehicle by which wellbeing intervention is delivered and communicated.</p>	Ongoing
Early Intervention Vehicle	<p>ECCH continues to work in partnership with the East of England Ambulance Service NHS Trust (EEAST) to operate the Early Intervention Vehicle seven days a week throughout the year.</p> <p>This service has continued throughout the COVID-19 pandemic, preventing hospital admissions through the provision of specific advice and equipment at the patient's home.</p> <p>The past year has seen an increase in joint training and skill sharing across EEAST and ECCH staff and detailed evaluation of the service. We are currently working collaboratively to ensure we maximise the vehicle's use across the East Locality. We have also started to develop our data to enable more refined service evaluation and identification of service improvement opportunities.</p>	Completed
Learning Disability	<p>The Training Team and Named Nurse for Safeguarding have reviewed two potential training packages for use in developing staff understanding of Learning Disability. We are awaiting further information about one before deciding whether it will be offered.</p> <p>Our newly developed Level 3 Safeguarding Training has greater emphasis on the safeguarding considerations for adults with learning disability and uses local and national examples of failings in Learning Disability care.</p> <p>Our Equality, Diversity and Inclusion Group ensures we focus on the needs of people with learning disabilities. We have met with the local provider responsible for community learning disability services covering part of our organisation's footprint and have an agreement to discuss making reasonable adjustments, as needed.</p> <p>More generally, our ongoing review of recordkeeping aims to give a better person-centred reflection of the patient within our clinical records.</p>	Ongoing
Electronic Prescribing and Medicines Administration	<p>In March 2020 electronic prescribing and medicines administration (ePMA) elements were rolled out to all beds on Beccles Inpatient Ward, except the Specialist Palliative Care beds. This was invaluable during the pandemic as it enabled clinicians to remotely access all prescriptions.</p> <p>Nursing staff were very supportive and have expressed that they would not wish to go back to paper charts. It has had a positive impact on ensuring all medicines are administered in a timely manner including when the ward increased in capacity and flow increased too.</p> <p>We extended ePMA to the Specialist Palliative Care beds in September 2020. Now that the initial implementation is complete, further work is planned to maximise the potential of ePMA.</p>	Completed

AREA	UPDATE	STATUS
Medicines	<p>A Medicines Independence Assessment Tool has been developed and is being used in the Primary Care Homes, on Minsmere Ward and in the 'beds with care', which are designated beds in residential homes used by people whose condition requires additional nursing care but does not require admission to an acute hospital.</p> <p>The tool will be embedded into the new iteration of the Initial Generic Assessment template on our electronic patient record system 'SystmOne'. Its use will be further encouraged during training and roll-out of the new generic assessment.</p> <p>The Primary Care Home (PCH) pharmacy team actively supports patients who are identified by PCH teams as having medication issues. The team captures data about the nature of interventions and outcomes.</p> <p>All patients in our 'beds with care' have a medicines reconciliation on admission (ie. their medicines are listed to check they have the right ones) and, where appropriate, a structured medication review is carried out.</p> <p>ECCH has been working with system colleagues leading on syringe pump charts, policy and Standard Operating Procedure. In addition, we are involved in piloting an initiative for carers to administer subcutaneous anticipatory medicines to 'end-of-life' patients to improve their timely access to medication. This is a joint piece of work between Norfolk and Suffolk health economies.</p> <p>Regular weekly review of medication incidents has led to changes in training and education. Around 50% of reported incidents involve other providers and are not directly attributable to ECCH. These incidents are shared with the relevant provider and commissioner for system learnings to be identified and actioned.</p>	Completed
Volunteers	<p>We have continued to work in partnership with Voluntary Norfolk to incorporate volunteers into our workforce, where it has been possible to do so. Our Volunteer Co-ordinator worked closely with our Human Resources Department to recruit a large number of volunteers at the start of the pandemic and we have seen a number of roles develop, although unsurprisingly we have been restricted by circumstances. We now have 25 volunteers who have been through training, Disclosure and Barring Service (DBS) checks and are available to volunteer. A further 50 volunteers have expressed an interest in working with us and are either progressing through training ready for a role or are waiting for an opportunity to come up that suits their availability, skills or location.</p> <p>Currently we have volunteers supporting us in the following roles and are extremely grateful for the time they have given us:</p> <p><b>Swab Drivers</b></p> <p>At weekends we have volunteers transporting COVID-19 swabs from our Beccles Hospital Inpatient Unit to laboratories in Norwich for testing. The team of volunteers are on an 'on-call' rota and have committed over 180 hours of their time to this role.</p> <p><b>Phlebotomy Support 'Meet and Greet'</b></p> <p>Volunteers have supported our phlebotomy clinics across South Waveney meeting and greeting patients on arrival, providing a friendly face and reassurance whilst supporting us to be COVID Safe. Volunteers at these clinics have now given over 500 hours of their time and feedback from staff has been incredibly positive about the difference the volunteers have made.</p> <p><b>Friends and Family Test</b></p> <p>Our volunteers have been busy calling patients after they have accessed our services to gain feedback on their experiences so we can develop and adapt our services to be as effective as we can.</p> <p><b>Ward Visitor support</b></p> <p>Volunteers supported the ward at visitor time throughout September and October and gave 68 hours of their time. Lockdowns have affected this role and we are looking at what support volunteers can start giving again and how this will look going forward.</p>	Ongoing

## Commissioning for Quality & Innovation (CQUIN) Results

### QUIN

In accordance with NHS England, the 2020/21 CQUIN scheme has been suspended during the COVID-19 pandemic.



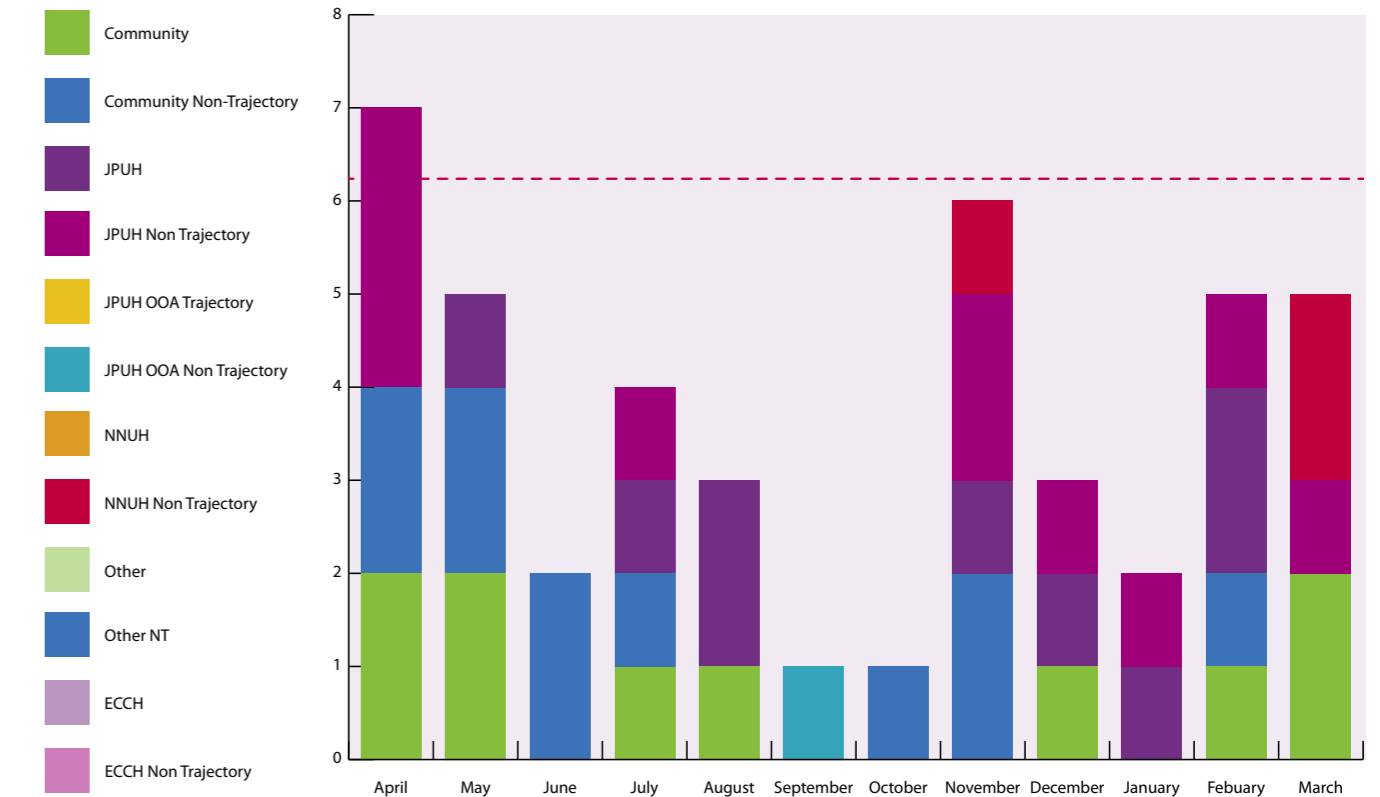
## Patient Safety

### INFECTION CONTROL

In 2020/21 there were no set ceilings for cases of Clostridium Difficile (C.Diff). Therefore, the red line on the chart below is based on the objective for 2019/20 for comparison purposes only.

The actual number of cases for Great Yarmouth & Waveney whole health system was 44. Of those, 25 demonstrated best practice and were adjudicated as non-trajectory. No cases were attributed to ECCH, although some community cases did have ECCH staff involvement.

### C.Diff Figures 2020-2021



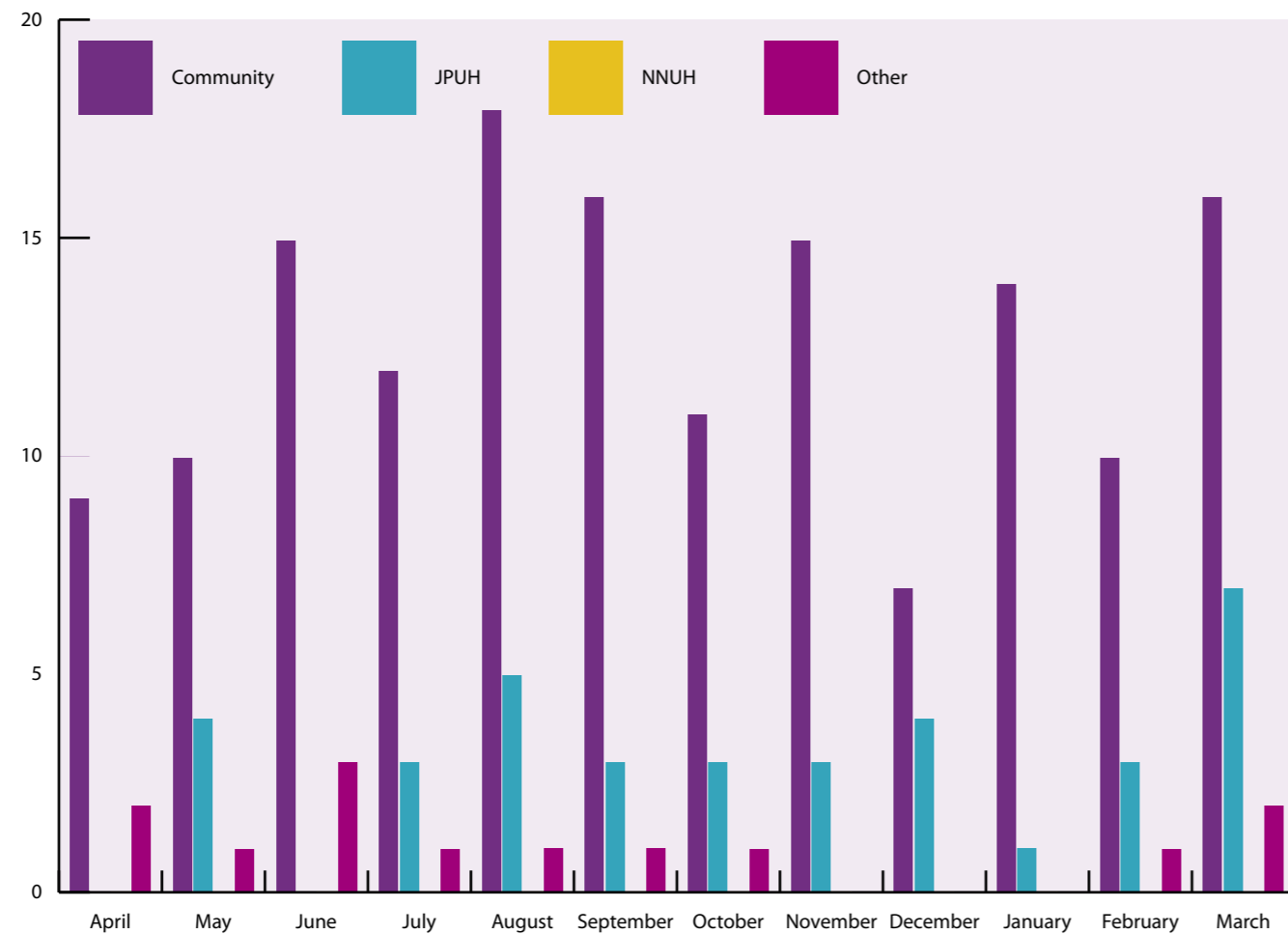


The ECCH Infection Prevention & Control (IPC) team has the chair and administrative function for the C-Diff Root Cause Analysis (RCA) meeting and completes all the non-acute RCA's.

The team also completes RCA's for E.Coli bacteraemia in the community and analysed the data in order to detect a pattern in this area for the high number of cases occurring. ECCH's Assistant Director of Infection Prevention and Control, Teresa Lewis, wrote the plan for Great Yarmouth and Waveney, and the IPC team have undertaken a considerable amount of work around urinary tract infections, as many cases of E.Coli bacteraemia have a urinary source of infection. The plan has now become the Norfolk & Waveney plan under the ownership of NHS Norfolk and Waveney Clinical Commissioning Group (CCG).

The IPC team also has the contract to attend to flu outbreaks in residential care homes across Great Yarmouth and Waveney, administering treatment as advised by PHE. During winter 2020/21 there were no flu outbreaks in care homes but there were multiple COVID outbreaks.

### E.Coli Bacteraemia cases 2020-21



### COVID- SARS-COV2

This has been the major workstream of the IPC team and has required many additional staff to be employed on a temporary basis to ensure the required work was completed.

The IPC team commenced planning for the work in January 2020 and started operating a drive-through swabbing service in February in conjunction with other community providers. This was a 7-day service including home visits.

The team moved on to swab NHS staff and then to swab members of the public in a variety of settings. We carried out a total of 7,140 COVID swabs, with 694 of these being positive cases. These included visits to care homes, housebound patients, a food processing factory, six boat crew outbreaks and one film crew, as well as many homeless clients and people needing care home admissions and care packages in their own homes.

Many pieces of documentation were published and updated requiring constant interpretation and advice to clinical and care staff. The team invested in a PCR laboratory standard testing machine and have trained ward staff to use it. Results are available in 20 minutes and it tests for flu as well as SARS-CoV2.

FFPs masks are required for clinicians performing aerosol generating procedures. The team invested in a TSI PortaCount 8040, and offered fit testing to not only ECCH staff but dental, GP and care home staff who required testing. With the assistance from others, we have tested almost 1000 clinicians to date.

During the summer of 2020 the IPC team tested staff for SARS-CoV2 antibodies, then widened the programme to include all care home staff who wished to be tested over a 12-week programme.

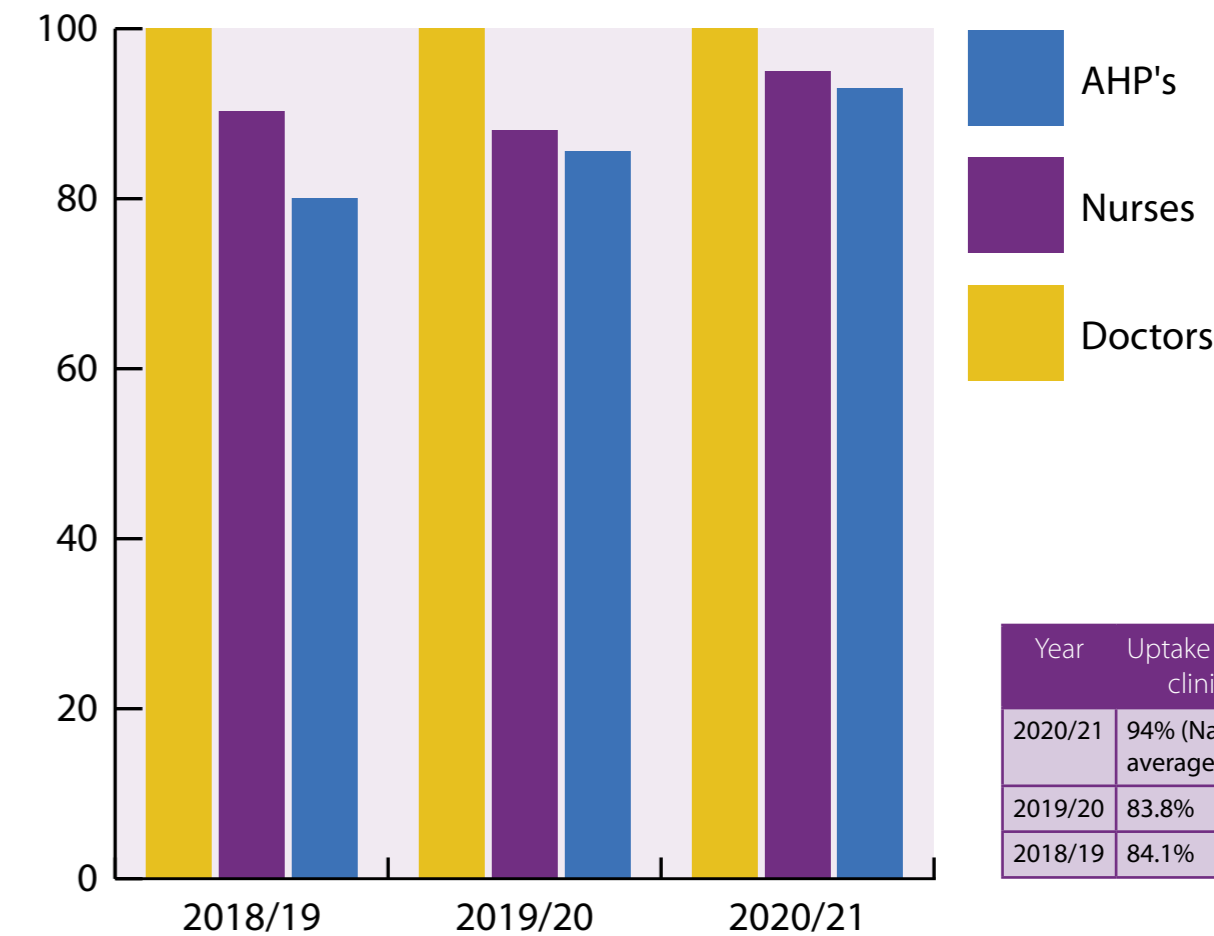
### STAFF SEASONAL FLU PROGRAMME'S SUCCESS

For the fourth year in succession, ECCH was the highest performing community-based healthcare organisation in the eastern region for staff influenza vaccinations.

A total of 94% of our frontline staff were vaccinated during our annual in-house immunisation programme, including 95% of nurses.

All staff were offered the immunisation, with the aim of vaccinating at least 90%. In this way we protect ourselves, our patients and our families from the potentially deadly virus. The national average was 76.8%.

### ECCH seasonal influenza immunisation uptake 2020/21



## INCIDENTS

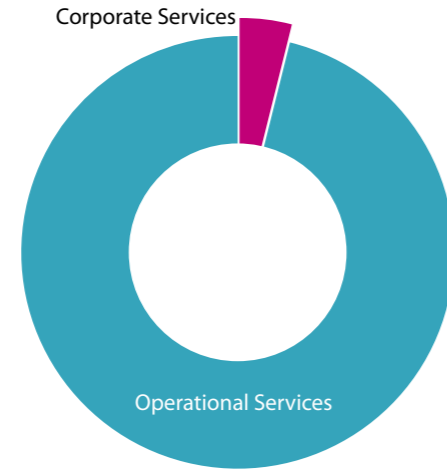
As an open and learning organisation, we commend our staff for their reporting of incidents as this enables greater understanding and practice change to occur. An incident means any accident, event or circumstance, including a near miss, resulting in no harm, minor to severe harm, loss or damage to personal belongings or property. Incidents can be raised concerning patients, staff, visitors, ECCH and other providers.

ECCH encourages incident reporting at all levels. The incidents that are reported range from poor discharge information, medication incidents, treatment issues, missed visits, abuse of staff and estates issues. The highest category of incidents raised is pressure ulcers of all categories, in and out of ECCH's care. We utilise the Datix incident and risk management system to manage clinical incidents. The system incorporates a complete risk management and learning cycle through an investigative process, which is managed by team leaders within the services. The team leaders ensure that action plans are instigated to facilitate learning based around the issues that are identified. The action plans and learning are shared with staff at team meetings, and any trends are highlighted in order to review practice and implement improved systems. The incidents reported can also relate to issues affecting patients that may have occurred outside of ECCH care such as acute trusts, GPs, other healthcare organisations, care agencies, residential homes etc. These incidents are raised with those providers in order to ensure learning across all organisations and an improvement in patient care.

The total number of patient incidents for the year 2020/21 was 3,553 which equates to an average of 296 per month.

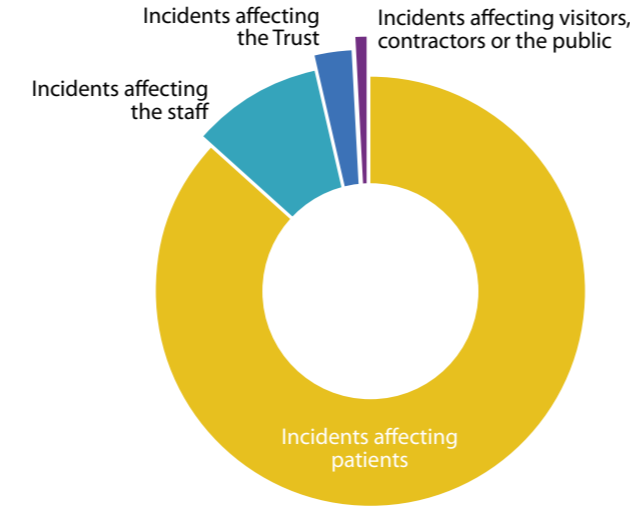
ECCH makes every effort to make it as easy as possible for our staff to report any issues. This includes having a direct link to the Datix incident reporting system on all staff laptops and computers. All clinicians working in the community have mobile working equipment, which enables them to access ECCH reporting systems wherever they are located as long as they have a mobile signal. This ensures incidents can be reported in a timely manner.

### Patient Incidents by Business unit



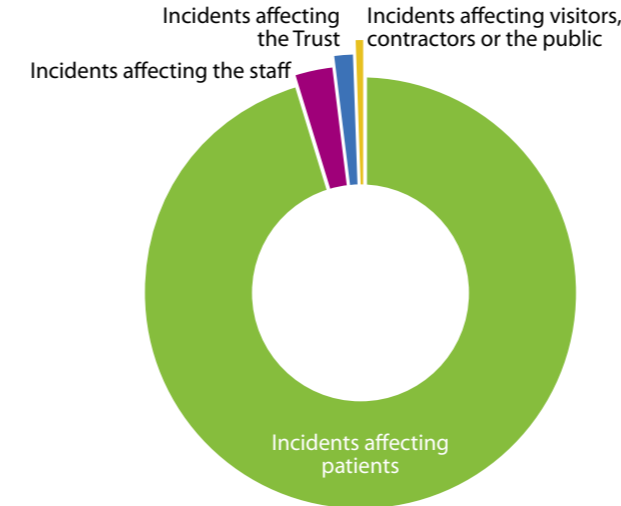
Corporate Services	142
Operational Services	3413
<b>Total</b>	<b>3555</b>

### Incidents by Type



Incidents affecting patients	3555
Incidents affecting the staff	398
Incidents affecting the Trust	115
Incidents affecting visitors, contractors or the public	26
<b>Totals:</b>	<b>4094</b>

### Incidents involving other providers



Incidents affecting patients	1477
Incidents affecting the staff	43
Incidents affecting the Trust	18
Incidents affecting visitors, contractors or the public	8
<b>Totals:</b>	<b>1546</b>

### SERIOUS INCIDENTS

A Serious Incident Requiring Investigation (SIRI) is an incident where one or more patients, staff members, visitors or members of the public experience serious or permanent harm or alleged abuse, or where a service provision is threatened. 13 incidents met national Serious Incident Reporting criteria in 2020/21.

## PRESSURE ULCERS

In 2020/21 ECCH treated 1,934 patients for pressure ulcer-related wound care. From that total, 816 developed after admission to ECCH, and 1,118 pressure ulcers were present on admission. Of the 164 pressure ulcers of Category 3 or above, 73 developed after admission to ECCH and 91 were present on admission. Of the patients who developed Category 3-4 pressure ulcers after admission to ECCH, 9 cases were reported as a serious incident and investigated fully.

2020/2021	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Pressure ulcers on admission	75	88	95	95	87	81	83	105	100	118	98	93
Pressure ulcers after admission	67	81	58	49	54	72	57	80	88	75	59	76



## DUTY OF CANDOUR

Within ECCH we follow the national Duty of Candour process, which means that every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care, or has the potential to cause harm or distress. The patient or, where appropriate, the patient's advocate, carer or family must receive an apology.

We notify all patients verbally and in writing of any moderate harm or above caused to them by any ECCH staff. A senior clinician is allocated to undertake a thorough investigation of the event. The patient/ patient's advocate or carer will receive a copy of the investigation.

Duty of Candour incidents are documented in our monthly Quality Report to our commissioners and discussed at our monthly meeting with them. This report also goes to ECCH's Integrated Governance Committee where these events are discussed and lessons learnt are shared. This process helps us to improve the patient care we deliver.

	No of patient incidents reported	No of incidents that triggered Duty of Candour	Percentage	% of patients informed of their harm
Apr 20	277	11	3.97%	100%
May 20	375	6	1.60%	100%
Jun 20	297	9	3.03%	100%
Jul 20	298	3	1.00%	100%
Aug 20	280	14	5.00%	100%
Sept 20	262	5	1.90%	100%
Oct 20	248	2	0.80%	100%
Nov 20	300	12	4.00%	100%
Dec 20	302	6	1.98%	100%
Jan 21	354	4	1.12%	100%
Feb 21	266	10	3.75%	100%
Mar 201	296	6	2.02%	100%

## WHISTLEBLOWING

ECCH has a robust Freedom to Speak Up policy to enable staff to report any concerns over quality of care, patient safety or bullying and harassment within the organisation. All ECCH employees are encouraged to use this process, as are agency workers, students, volunteers and stakeholders.

In the first instance, any concerns should be raised with the individual's line manager who will arrange an investigation. If staff believe their manager is involved in the wrongdoing or if, for any other reason, they do not wish to approach their line manager, we have a confidential helpline operated by the Clinical Quality Manager during weekdays with a secure voicemail facility when they are not available. We also have whistleblowing forms which can be filled out and submitted confidentially.

Two of ECCH's Board members are trained Freedom to Speak Up Guardians. We also have three Freedom to Speak Up Champions who play an important role in supporting the work of the Guardians by increasing the availability and reach of the Freedom to Speak Up network across the organisation.

Throughout the process the whistle-blower's identity will remain confidential unless required by law. Any matter raised under this procedure will be investigated thoroughly, promptly and confidentially, and the outcome of the investigation reported back to the person who raised the issue. If no action is to be taken, the reason for this will be explained. If, on conclusion of the process, the whistle-blower reasonably believes that the appropriate action has not been taken, they are advised to report the matter to the proper authority.

## MORTALITY REVIEW

ECCH's multidisciplinary Mortality Surveillance Group is chaired by the Executive Director of Quality who leads on identifying, reporting, investigating and learning from deaths. This group reports to our Integrated Governance Committee.

ECCH's Safeguarding Children service has a structured process for reviewing the deaths of children/young people. The safeguarding office is informed of a child death by the Local Authority/Child Health. A record is kept, reviewed and, if any issues or concerns are identified, this is escalated to the Designated Safeguarding Children Team. If concerns are identified regarding a child's death this may be referred to the county Serious Case Review Panel.

### Case record reviews:

- 48 case record reviews have taken place, of which one has been investigated in the Serious Incident Framework
- 5 were COVID-related deaths
- Each death in ECCH care is subject to one of three levels of scrutiny:
- Death certification
- Structured case record review
- Investigation according to the Serious Incident Framework

### We ask:

- Was the fact that the person may die in the next few days/hours recognised and communicated clearly?
- Were decisions made and actions taken in accordance with the person's needs and wishes?
- The above are regularly reviewed and decisions revised accordingly

### We communicate:

- Communication takes place between staff and the dying person
- Communication takes place with others identified as important to them
- There should be a record of discussions and decisions made

### We involve:

- The dying person and those identified as important to them are involved in treatment decisions and care as much as the dying person wants
- Evidence should be noted via pink star or free text

### We support:

- The families and others identified as important to the dying person are fully supported
- We actively explore and respect wishes as far as possible
- This is recorded in the care plan and free text

### We plan & do:

- An individual care plan includes food and drink, symptom control, psychological, social and spiritual support
- Syringe driver or palliative care support care plan is personalised for each patient to include any of these aspects of care, if required

### Bereavement – how does ECCH capture feedback?

Bereavement information packs were introduced for all staff in the community and on Minsmere Ward at Beccles Hospital to hand out to bereaved families. The feedback option is also available on our website. St Elizabeth Hospice also send out feedback questions and the results are shared with us for joint learning. These packs contain local information to help bereaved family members and a questionnaire to help us obtain

feedback about their loved one's end-of-life care. This feedback is fully evaluated in order that we can further develop our approach.

## Deceased patients with open ECCH referrals at time of death

### Community Inpatients

Of the 446 inpatients discharged from the community hospital unit between 01/04/2020 and 31/03/2021, 84 died whilst in the care of the community hospital and 41 died within 30 days of being discharged from the community hospital. Six deaths occurred within 28 days of COVID-19 diagnosis.

### Beds with Care

Of the 25 inpatients discharged from a Bed with Care (26 admissions) between 01/04/2020 and 30/04/2021, 1 died while receiving Bed with Care support, and 1 died within 30 days of being discharged from a Bed with Care.

### Community Outpatients

There were 2,318 patients (442 verified by ECCH) who died between 01/04/2020 and 31/03/2021 while having an open ECCH referral on SystemOne to an ECCH Community Outpatient service. The average age at death for this period was 89.25.



## Clinical Effectiveness

### REDEPLOYMENT OF STAFF IN RESPONSE TO THE PANDEMIC

A wide range of registered and non-registered staff changed roles to support primarily our PCH teams, Community Hospital and Acute colleagues in response to the COVID-19 outbreak.

Staff were redeployed either for the first three months of the pandemic or for the whole of 2020 to carry out roles including:

- Adult Speech and Language Therapy – supported the Acute and provided support to Primary Care Homes and Minsmere
- MSK Podiatry – supported Lowestoft Primary Care Home (podiatrists carrying out personal care etc.)
- North Norfolk MSK – supported Norfolk Community Health & Care NHS Trust community response
- Administration – supported the Integrated Discharge Team at James Paget University Hospital – part of the COVID response to hospital discharge
- MSK Physiotherapists, Neurology and Wheelchair services therapists - supported community therapy teams with reablement work and some in-patient therapy on Beccles ward
- Nurses from a variety of roles including Tissue Viability, Neurology, Diabetes and Continence supported a range of community nursing roles
- Children's Speech and Language Therapy supported Primary Care Home teams (to Sept 20)

### HOSPITAL DISCHARGE TEAM

Throughout the pandemic we have supported, and continue to support, the acute hospital system through

the introduction of the Hospital Discharge Team, as described in the national guidance issued by the Department of Health. Additional staff were redeployed to join existing capacity to create an Integrated Discharge Team. Working 8 till 8, 7 days a week the integrated health and social care staff use their skills to facilitate the effective discharge of hospital patients with a 'home first' ethos, as evidence has shown people recover best in their own homes.

We have extended our model to ensure transfer of care from community beds and community capacity is given equal priority, maximising our resources to deliver the best outcomes for patients. Technology has played a critical role in this process with the introduction of a "virtual room" enabling shielding and home workers to be equally effective in supporting the process.

In addition ECCH provided food packages, to ensure essential supplies were available for those facing a prompt discharge home. We paid for the supplies which our Equipment Team collected from a local supermarket each day and took to the James Paget University Hospital to be given out to patients when they were discharged.

### GREATER INTEGRATION FOR PRIMARY CARE HOME TEAMS

As mentioned previously, the focus of our Primary Care Home teams shifted to working with partners to support the safe discharge of patients from hospitals to home during the pandemic. In order to support a more resilient service seven days a week, revised leadership arrangements have been developed including the creation of an Operations Manager of the Day and Senior Clinical Leadership on Saturdays and Sundays. The common use of video conferencing for meetings has supported the PCH teams to support each more effectively. The benefits of this were felt particularly

during the disruption caused by snow in February as patients' needs were able to be prioritised effectively and staff deployed quickly and safely.

To support General Practice during the winter flu vaccination campaign, the PCH teams delivered vaccinations to a number of GP practices' housebound patients.

#### Feedback from PCH team member about redeployed staff during pandemic:

*"I've got to hand it to the re-deployed physiotherapists and occupational therapists. They just slotted in."*

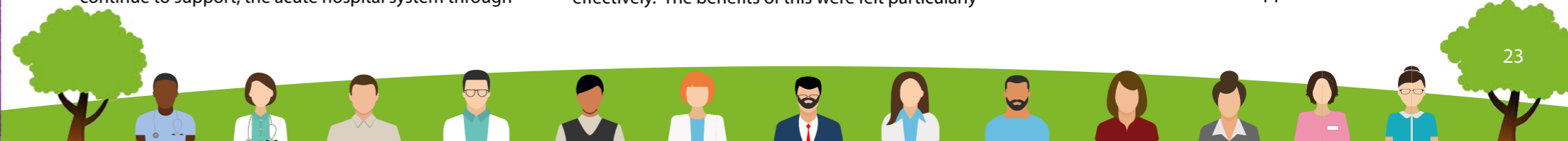
#### Feedback from PCH team member on positive outcomes of the pandemic:

*"We are working much more closely with the primary care team now, more than we've ever done and the relationship with St Elizabeth's has really helped."*

### MINSMERE WARD

The Minsmere Ward mobilisation plan was instigated in March 2020 to increase capacity from 16 to 20 intermediate care beds, in addition to the ward's 6 specialist palliative care beds. Mobilisation required extra equipment (beds, chairs and lockers), clinical staff (nursing, medical and therapy) and housekeeping (food, bed linen, cleaning and waste disposal). The gym, which was previously used to provide vital rehabilitation equipment, was moved to create an extra bay.

The ward area was segregated from the rest of the hospital site for COVID-19 security, with separate entrance doors, changing rooms and rest facilities away from community colleagues, with all but essential visits to the ward area stopped. PPE was installed and



fit testing established. Tablet devices were also used to promote patient and family communication in the absence of ward visiting.

The usual admission criteria was relaxed to create flexibility, and to support patient flow in the acute hospital with emerging needs. This was quite challenging, given the unprecedented nature of the pandemic and changing regulations. The ward became an 'amber' area early on, instigating a COVID-19 swabbing regime in line with Government guidance. In this time, COVID-19 positive cases were identified and the ward bays were segregated into both amber (unknown COVID-19 status) and red (contact with COVID-19), whilst remaining single sex. This level of configuration required the housekeeping and clinical ward teams to be allocated to 'red' and 'amber' teams to reduce the risk of COVID-19 transmission, with all staff in the 'red' areas requiring full PPE.

The first wave saw staff from both Children's and Adult's Speech and Language Therapy (SALT) teams redeployed to the ward, with the latter continuing to provide additional therapy support beyond the first wave, which enabled 7-day therapy cover. This additional support has reduced the average length of stay, with patients returning home with community support much earlier in recent months.

At the height of the second wave in January 2021, which coincided with heavy snow, the ward mobilised a second plan and increased bed numbers to 34 beds. The specialist palliative care beds were included in the overall configuration to work with system partners to maximise resource. These beds remained for 5 weeks until cases began to subside. The ward returned to pre-COVID bed numbers on 19 April 2021, but COVID-19 swabs on admission continue.

The ward team worked together exceptionally well and tremendously hard throughout this time. Maintaining

safe staffing levels has been a challenge and snow in February 2021 compounded this, with staff staying overnight on makeshift beds in order to care for patients.

The ward saw an increase in deaths, some of which were COVID-related. The pandemic increased complexity with specialist palliative care patients, who all required additional psychological support as a result of reduced family visiting.

## MUTUAL AID SUPPORT TO PARTNERS

To help address shortages in PPE across the local healthcare system, ECCH gave 6,000 FFP3 masks and eight traditional Fit Test kits to the James Paget University Hospital, as well as sharing nursing home gowns over the Christmas period. Approximately 30,000 FFP2 masks were shared with local dental practices.

## BECCLES TESTING CENTRE

The Infection Prevention and Control Team, along with other healthcare professionals, operated a staff drive-through swabbing service at Beccles Hospital, with the agreement of the other site occupiers. This service was for both ECCH and James Paget University Hospital staff.

The Suffolk Resilience Forum observed the model, and with the agreement of all site occupiers, operated a drive-through service manned by army staff every Saturday for members of the public.

## COVID-19 VACCINATION CENTRE

The nurses in the Infection Prevention and Control Team are all experienced immunisers and have been supporting a mass vaccination site in Lowestoft with the COVID immunisation programme since February

2021. The team's administrators also worked shifts at the centre along with a number of other ECCH staff including two pharmacy technicians and members of our Quality and HR teams.

## FACILITIES TEAM

The Facilities Service at Beccles Hospital was split into two teams - red and green - which denoted the areas on site where they worked. As the ward started to receive COVID patients, the red team staff worked on the ward only. The team had to wear full PPE whilst carrying out cleaning and catering tasks. During the warmer months this was particularly challenging with the enhanced daily cleaning and frequent curtain changes. The increase in patient numbers on the ward meant that the ward team had to move beds and furniture around to accommodate the additional numbers.

The green team also faced challenges as we planned for escalating bed numbers. Clinic rooms had to have all the furniture removed and placed into storage containers on the car park to make way for additional beds, and extra equipment was required for the increased numbers. Some day-to-day clinical activities remain in place, for example phlebotomy services, which was still seeing 120 patients in a morning. The patients had to be socially distanced throughout the building to ensure that two metre distancing was maintained. One of the team checked patients in, and offered each patient a medical grade mask to wear on-site. They also pointed patients to hand hygiene stations which were strategically placed around the site to ensure that patients either washed their hands or used the gels prior to moving around the site. Wipeable chairs were placed in the queue, so patients had the opportunity to rest whilst waiting. Each chair was wiped down after use by a member of the team.

Portable hand hygiene sinks were brought and placed around the entrances to the site to ensure patients and staff washed their hands upon entry. This also brought extra work for the team as the sinks are portable and not plumbed. Therefore, they require replenishing with fresh water several times a day, with the dirty water needing to be taken away.

The portering staff had extra tasks resulting from the increased volumes of waste generated by the site, mainly due to PPE usage. They also assisted with moves.

As the pandemic continued, the facilities team took over the day-to-day release and stocking of PPE to the ward, clinical team and the Primary Care Home teams.

During the snow, members of the Beccles Facilities Team stayed on-site overnight to ensure patients had breakfasts, drinks and a clean ward, which demonstrated their dedication and commitment.

Meanwhile, the Facilities Teams at all our other sites had to get used to wearing PPE whilst working, and providing enhanced cleaning standards as well as touch point cleans periodically throughout the day.

## HIGH INTENSITY USER SERVICE

A new High Intensity User Service was introduced in April 2020. This service is small but unique in approach. Working closely with the James Paget Hospital, an ECCH Health Improvement Practitioner will contact people who attend the Emergency Department frequently to explore underlying reasons for frequent attendance. Through coaching and support we work together to overcome the reasons for frequent attendance.

## AGEING WELL

The NHS Long-term Plan sets out opportunities to do something different for people experiencing a health and social care crisis at home. Norfolk and Waveney STP/ICS were awarded early implementer status with a key priority to reshape the urgent community response across the system, to improve the experience for patients.

The aim is to respond to any person aged over 18 within two hours to prevent avoidable admission to hospital. This could be as a result of a non-injurious fall, palliative care crisis or loss of function for example. ECCH has been working with partners to provide a place-based two hour response which supports people to be at home with appropriate support where clinically safe to do so. This includes supporting people who may have attended an Emergency Department where admission was not required, as well as supporting those discharged after an acute hospital stay.

As part of the Ageing Well Out of Hours workstream, any calls received overnight are supported by a Norfolk and Waveney central coordination function. The team triages and prioritises work accordingly to meet the two hour response.

## PHYSIOTHERAPY SERVICES IN NORTH NORFOLK

In the first year of their two year contract with ECCH the North Norfolk MSK Service cleared an inherited backlog of over 2,000 referrals and patients no longer have any waiting time to access physiotherapy in North Norfolk.

The service introduced an Initial Telephone Contact Assessment which is offered to all referred patients within three working days of receiving their referral. This

has been well received by patients who can now start their rehabilitation journey within days of being referred for treatment.

The service has developed a wealth of evidence-based educational handouts to help educate, inform and empower patients to self-manage their MSK conditions. They have also developed and now deliver online classes for patients including 'Lower Back Class', 'Shoulder Class', 'Hip & Knee Class' and a 'Strength & Balance Class'. Video and telephone consultations have been introduced that have helped to improve patient access and patient choice.

Due to the success of the North Norfolk MSK contract with ECCH, NHS North Norfolk Clinical Commissioning Group have extended their contract until September 2022.

## ME/CFS INITIATIVES

ECCH runs four ME/CFS clinics across Norfolk in Kings Lynn, Norwich, Great Yarmouth and Aylsham. They have also created a new website (<https://me.ecch.org/>) full of information, advice and exercises that people with ME/CFS may find useful. Throughout the COVID-19 pandemic the ME/CFS service have continued to run clinics, contacting patients via telephone and in some instances video calls. The plan is to return to face-to-face consultations in the next few months.

### You said:

*"The OT was amazing, a fantastic specialist, nothing was too much trouble. She was supportive, kind and caring. This has helped me understand my condition and has helped with the challenges I have faced."*

*"The patient called PALS and said it was a wonderful service and that the ME/CFS OT was so very supportive and understanding and that she did not know how she would cope without her advice. She said she had taught her that the things she needed were adaptation to her disabilities rather than submission and that she was so grateful to have her help."*

## DIABETES SERVICE

The number of people diagnosed with diabetes in Great Yarmouth and Waveney is already higher than the average for England. Since ECCH took over the contract to run community diabetic services in April 2019, diabetes specialist nurses have been working closely with GPs providing clinics in their surgeries. ECCH's Diabetes Service has continued throughout the COVID-19 pandemic with patients' consultations being conducted via telephone. This new way of working has proved very successful with the consultations increasing in number. Face-to-face consultations have been provided where phone is not possible for the patient. There are currently no immediate plans to change this way of working.

## CARDIAC REHABILITATION SERVICE & HEART FAILURE SERVICE

Our Cardiac Rehabilitation Service and Heart Failure Service have produced great results since ECCH took on the contract in 2019, with a drop in heart failure admissions to the James Paget University Hospital.

The Cardiac Rehabilitation Team provides service users with information, support and advice to help them get back to everyday life as quickly as possible after an acute cardiac event or surgery, and aims to reduce the chances of further heart problems. They offer a

variety of supported exercise options and medication management, enabling people to introduce or maintain active lifestyle changes.

Partnership working is integral to the service which works with One Life Suffolk and Active Norfolk to support people to explore options to improve their health. Both partners offer alternative approaches to using gyms including healthy walks, local low level sports such as bowls and Pilates, and simple ways to increase activity without committing to a sports regime. They also provide access to weight loss groups with low cost or free sessions. This means we can support people to think about how and what they eat and help them to make small changes that can have a big impact on their health and wellbeing.

The Heart Failure team has continued to provide a service for patients throughout the pandemic. The number of contacts by either home visit or telephone during this period has increased. The team has expanded with the addition of an Assistant Practitioner working alongside two Heart Failure Specialist Nurses.

The team are currently involved in a pilot working in partnership with BOC to offer patients breathlessness rehabilitation, to further improve their clinical outcomes and quality of life. They have also developed a Heart Failure Pack which includes a Self-Care Passport, a service information leaflet, a traffic light management tool and relevant booklets/leaflets related to patients' conditions.

The service also offers an advice and guidance service to GPs without the need for an e-Referral via e-MDT on SystmOne.

## PHLEBOTOMY SERVICE

ECCH has provided phlebotomy services to the GP practices in the South Waveney Primary Care Network.

Requirements associated with COVID-19 restrictions led to service changes which proved very effective. By moving to an appointments process, instead of a walk-in system, we were able to prevent overcrowding of waiting areas, remove physical queuing outside the hospital and ensure adequate time for infection prevention and control measures to take place.

Analysis of demand, stakeholder engagement and service user feedback were key parts of the change process, ensuring dedicated slots were protected for those fasting and with specific needs. Volunteers continue to support the clinics at both Halesworth and Beccles.

### You said:

*"Superb service - saw nurse, had blood test 10 mins later - painless. Very friendly, so efficient, and grateful it's so local. Thank you."*

## SMOKING CESSATION SERVICE

ECCH delivers the Smokefree smoking cessation service to adults across the county of Norfolk. During the pandemic Smokefree Norfolk moved from offering face-to-face clinics in a variety of settings such as GP practices, libraries and community centres, to providing all support remotely. Telephone clinics proved successful and clients fed back that this way of getting support allowed for more flexibility and convenience when attempting to quit smoking.

### You said:

*"The advisor was brilliant. She has been in contact regularly so gave me all the support and motivation I need to stay focused and keep smokefree."*

Our core team supported over 2,500 people with a quit attempt during 2020/21 with over 51% stopping smoking. The supported package is for 12 weeks and the intervention includes a combination of behavioural support and medication.

Training provision started up again towards the middle part of 2020 and this was delivered remotely via video platforms. Community Practitioner (Level 2) training and refresher training was reinstated. The service started to deliver mentoring sessions again for newly trained community advisors as well as 'Very Brief Advice' training for any organisation interested in the topics of smoking cessation, our service and how to refer to us.

Smokefree continued to offer the E-Cig pilot to Norfolk residents wishing to stop smoking using a vape. The pilot has been set up to provide clients with a starter pack, which includes a vape device and juice, alongside support and advice over the 12-week period. Anyone over the age of 18 years and who lives in Norfolk is eligible for the pilot.

Our focus for 2021/22 is to continue supporting clients remotely whilst developing a more digitally-focused service in order to be able to offer more ways to support and attract new clients into the service, whilst helping to reduce smoking in Norfolk.

Tel: 0800 0854 113

Website: [www.smokefreenorfolk.nhs.uk](http://www.smokefreenorfolk.nhs.uk)

FEBRUARY 2021

# Smokefree Norfolk: Success Stories

Julie began her Smokefree Norfolk journey in November 2020, having been motivated to quit smoking by her 11-year-old grandson.

Speaking of her success, Julie said:

*"After 40 years of smoking, I never thought I could stop. It's been a difficult journey, but my grandson has always been in my mind. Each day is a blessing; I can breathe easier and feel more energised now. I don't ever want to go back - I don't think my grandson would forgive me! If I can do it, so can you."*



**JULIE THURLOW**

east coast community healthcare | SMOKEFREE NORFOLK

JUNE 2021

# Smokefree Norfolk: Success Stories

When COVID struck, Anita found herself smoking to cope with the pressures of lockdown. Realising that her health was starting to suffer, Anita asked her GP to refer her to the service. Anita has now been smoke-free for almost two months.

Speaking about her experience, Anita said:

*"My breathing has improved, my depression has been a lot better, I've lost weight and I feel good again. I am saving around £100 a week, so I am treating myself to some new home improvements and clothes!"*



**ANITA SNELLING**

east coast community healthcare | SMOKEFREE NORFOLK

## CHILDREN'S SPEECH AND LANGUAGE THERAPY SERVICE

There has been a continued focus in Children's Speech and Language Therapy on developing partnership working and early support whilst responding to the COVID-19 pandemic and changes to working practices resulting from this. A significant number of the team were redeployed to adult services at the beginning of the COVID-19 episode, returning in September 2020.

### Advice line for parents and professionals

To boost support and advice for parents and professionals during times of remote working, our clinical advice line has expanded to a five-day service. Callers are able to ask questions on a wide range of topics, from making a referral, to what to do whilst waiting for an appointment. This has been a very popular and well received service and is set to continue in the future.

### Introduction of virtual appointments

Whilst settings have been closed to visitors, we have developed our virtual working platforms so that our team are now able to offer video-based appointments. During lockdown this proved to be a vital service for our families and settings, and enabled the team to continue to be able support the team around the child. Video working has made it easier for many families to become more involved in their children's support. We will continue to offer a blended service of video and face-to-face visits as appropriate going forward.

### Move from early intervention groups to individual sessions

Since pre-school group work with children and parents has not been possible, first contact support moved to a package of individual virtual sessions. The sessions

are designed to increase parents' understanding of and confidence in using communication strategies to help their child in the early years. Parents can try out different techniques over a series of weeks with the help and support of our skilled clinical support worker team.

One-to-one working has benefits in providing a more tailored support package and also reducing travel time for parents and the therapy team. Feedback from parents has been extremely positive as the practical advice has enabled parents to help their children's communication develop.

### Website development and training

Our website became a crucial part of the service offer during the pandemic. It has been re-designed, expanded and is full of useful information including our training packages. It contains a wealth of advice about developing speech, language and communication (SLCN) skills and is an excellent first port of call for any SLCN queries, having also replaced our face-to-face parent information sessions. A new range of Top Tips videos have been added which are proving to be very popular with our service users.

The training team have had another busy year and are now seasoned virtual trainers. Moving the courses to an online platform has meant that a wider range of people have been attracted to the team's training sessions. Feedback from our courses is reassuringly positive.

The team have managed to carry on with the full range of courses and have added a series of "Spotlight" short courses on a diverse range of SLCN topics, from Developmental Language Disorder and Managing Classroom Questions. New courses continue to be added.

Our training team have also become an invaluable source for settings who require a bespoke course for their specific circumstances.

## Partnership working

Our collaboration with the Early Child and Family Service (ECFS) has proven to be a successful working model. We have supported the WellComm assessments (early language screening) virtually to enable the ECFS intervention to be able to continue.

## CLINICAL RESEARCH

COVID has required a sharp focus on research into all aspects of the virus and its impact. Our research team have been supporting this with three COVID studies:

- Virus Watch - understanding community incidence, symptom profiles, and transmission of COVID-19 in relation to population movement and behaviour
- BASIL - which aims to test whether a brief remotely-delivered psychological intervention is effective at preventing or mitigating depression and loneliness in older people with long-term conditions who are socially isolated in relation to COVID-19
- A study into the safety and utilisation of the COVID-19 Vaccine AstraZeneca (AZD-1222) administered to vaccines under real-world use in the UK

Other research studies have also continued during 2020. The Glucose Lowering through Weight management study (GLOW) has moved into a new phase with our primary care colleagues. The ESCAPE study has also taken place, which invites health care professionals working with patients with mental health difficulties to take part in order to understand current practices, training needs, attitudes and perceived barriers and facilitators to address and implement smoking cessation treatments.

We also have some community-based studies:

- Profher 2 is a three-way trial which compares reverse shoulder arthroplasty versus hemiarthroplasty

versus non-surgical care for acute three and four-part fractures of the proximal humerus in patients over 65 years of age. We are conducting this study along with our colleagues at the James Paget University Hospital.

- Restore –Me looks at the potential of gut microbes in improving symptoms in ME/CFS
- SNAP is a District Nursing study looking at the impact and benefit of long-term condition support
- VENUS 6 is a randomised controlled trial of compression therapies for the treatment of venous leg ulcers

The Research Team continue to encourage staff at all levels of the organisation to consider research or audit potential in their work, as well as being part of the regional meetings to promote ECCH's voice in the wider research system.

## SAFEGUARDING CHILDREN & ADULTS SERVICE

Within ECCH, all staff have a responsibility to raise concerns regarding children, young people and adults who are experiencing, or are at risk of, abuse or neglect, or who are deemed vulnerable. The ECCH Safeguarding Team provides support and guidance, training and supervision for all staff in the organisation.

During the period covered by this account, the Safeguarding Team has undergone further changes. The team now consists of a single Safeguarding Lead for Children, Young People and Adults. This change came about during the autumn of 2020 and, despite the reduction in personnel, there continues to be good support offered to all frontline staff using a variety of medias and technologies to promote access to the team.

The Safeguarding Champions Forum is currently paused due to the changes in working patterns, practices and pressures of the COVID-19 pandemic. This will restart in the coming months. However, the Safeguarding Team have been issuing regular communications and information/virtual safeguarding workshops.

ECCH's Safeguarding Team continues to work collaboratively with outside agencies and local partners to develop partnership and working relationships. We have developed particularly strong links with a neighbouring community NHS Trust and co-developed and, at times, co-delivered safeguarding training. The collaboration also includes weekly meetings, co-delivery of Mental Capacity Act assessment workshops and mutual support/peer supervision, as needed. The team continues to work collaboratively with the Safeguarding Adult and Children Boards across both Suffolk and Norfolk to protect and safeguard our client group in both counties.

Since the pandemic disrupted face-to-face training, all safeguarding training has been delivered remotely, with participants learning via a combination of workbook and group video sessions to allow discussion, reflection and questions. Feedback has been positive and it is intended that this will continue even as restrictions are lifted.

## LOOKED AFTER CHILDREN SERVICE

The Looked After Children (LAC) Team is made up of three nurses, an administrator and an administration assistant who work to ensure the statutory Health Assessments are completed within timescales and meet the health needs of the child/young person. The

team continues to hold quarterly meetings with their colleagues from the LAC teams across both Norfolk and Suffolk. This ensures we offer a consistent approach in the delivery of the service, develop best practice and shared learning. These meetings continue to be popular amongst the teams, with a rotation of venues and teams leading each meeting. The LAC team endeavours to empower children and young people in terms of their health needs and to support them to ensure their voice is heard.

During the COVID pandemic, the team has continued to maintain access with children and young people through telephone conferencing to ensure that the health needs of these children are met. We request feedback from carers, the child or young person. Their comments enable the team to adapt to meet their needs.

## PLACE AUDIT

Due to the COVID-19 pandemic, Beccles Hospital was unable to undergo its annual Patient-Led Assessment of Care Environment (PLACE) audit.



## Patient & Service User Experience

### FRIENDS AND FAMILY TEST

The Friends and Family Test (FFT) is a national mandatory initiative by NHS England, asking patients if they would recommend a NHS service to their friends and family. We consistently gain an excellent score across the organisation. The results for 2020/21 were impacted by the decision at national level to pause the survey at the height of the pandemic. Nevertheless, results from the remaining months showed 93% of patients would recommend East Coast Community Healthcare (ECCH) to their friends and family.

Crucially, when we receive negative feedback, we look into the issues raised to identify any failures or shortcomings and we address these. If patients choose to provide their contact details, we telephone or write to them to discuss their concerns and to provide our response. If a clinician is named on the form by a patient and receives positive comments, we log this as a compliment and send a copy to the clinician for their reaccreditation or revalidation of professional registration.

### Friends and Family Test Survey Results by Service

	Apr-Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Beccles Hospital Inpatients	N/R	100%	N/R	N/R	N/R	100%	100%	N/R	100%	100%
Beccles OPD	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Cardiac Rehabilitation	N/R	N/R	100%	N/R	N/R	100%	N/R	N/R	N/R	N/R
Community Matrons	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Continence	N/R	N/R	100%	N/R	N/R	N/R	N/R	100%	N/R	N/R
Dietetics	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Early Intervention Vehicle	100%	N/R	N/R	N/R	N/R	N/R	N/R	N/R	100%	N/R
Early Supported Discharge/Stroke	100%	N/R	100%	N/R	N/R	N/R	N/R	N/R	N/R	N/R
ECCH General	100%	N/R	N/R	N/R	100%	N/R	N/R	N/R	N/R	N/R
Frailty Service	100%	N/R	N/R	N/R	N/R	100%	N/R	N/R	N/R	N/R
Heart Failure	100%	100%	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Infection Control Team	100%	100%	N/R	100%	N/R	N/R	N/R	100%	N/R	N/R
LUTS	N/R	N/R	N/R	N/R	100%	N/R	N/R	N/R	N/R	100%
ME/CFS	100%	N/R	100%	100%	100%	N/R	N/R	N/R	100%	N/R
MSK Triage	100%	N/R	100%	100%	100%	N/R	100%	N/R	N/R	100%
MSK Services								100%	N/R	N/R
Neurology	N/R	N/R	100%	N/R	N/R	N/R	N/R	N/R	N/R	100%
Nursing PCN GY & NV	100%	N/R	100%	100%	100%	100%	100%	100%	60%	100%
Nursing PCN Gorleston	100%	100%	100%	N/R	100%	100%	100%	100%	100%	100%
Nursing PCN Lowestoft	100%	100%	100%	100%	N/R	100%	100%	100%	100%	100%
Nursing PCN Waveney	87%	97%	89%	100%	N/R	N/R	N/R	N/R	100%	N/R
Nursing PCN Unknown	N/R	0%	100%	0%	N/R	100%	N/R	100%	100%	N/R
OT Community	N/R	N/R	N/R	N/R	N/R	N/R	100%	100%	100%	100%
OT PCN GY & NV	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
OT PCN Gorleston	N/R	N/R	N/R	N/R	0%	N/R	N/R	N/R	N/R	N/R
OT PCN Lowestoft	N/R	N/R	100%	N/R	N/R	0%	N/R	N/R	N/R	N/R
OT PCN Waveney	N/R	N/R	N/R	100%	N/R	100%	100%	N/R	N/R	N/R
OT PCN Unknown	N/R	N/R	N/R	N/R	N/R	100%	N/R	N/R	N/R	N/R
Palliative Care	N/R	N/R	N/R	0%	N/R	N/R	N/R	N/R	N/R	N/R





	Apr-Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Phlebotomy	N/R	N/R	N/R	100%	N/R	N/R	N/R	N/R	67%	100%
Physiotherapy MSK	100%	N/R	100%	0%	N/R	100%	94%	100%	100%	100%
Physiotherapy NN MSK	N/R	N/R	N/R	N/R	100%	N/R	N/R	100%	100%	0%
Physiotherapy PCN GY & NV	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Physiotherapy PCN Gorleston	N/R	N/R	N/R	N/R	N/R	N/R	N/R	100%	N/R	N/R
Physiotherapy PCN Lowestoft	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Physiotherapy PCN Waveney	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	100%	N/R
Physiotherapy PCN Unknown	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Podiatry	N/R	N/R	N/R	N/R	50%	100%	100%	N/R	N/R	N/R
SALT Adults	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
SALT Paed	90%	100%	100%	100%	100%	100%	100%	100%	94%	100%
Smokefree	100%	N/R	N/R	100%	N/R	N/R	N/R	100%	97%	96%
TB Service	N/R	100%	N/R	100%	N/R	N/R	N/R	100%	100%	N/R
Wheelchair service	100%	100%	100%	N/R	100%	100%	N/R	N/R	0%	N/R
<b>Average % positive rounded to nearest whole number</b>	<b>93%</b>	<b>94%</b>	<b>96%</b>	<b>87%</b>	<b>77%</b>	<b>94%</b>	<b>98%</b>	<b>99%</b>	<b>94%</b>	<b>96%</b>

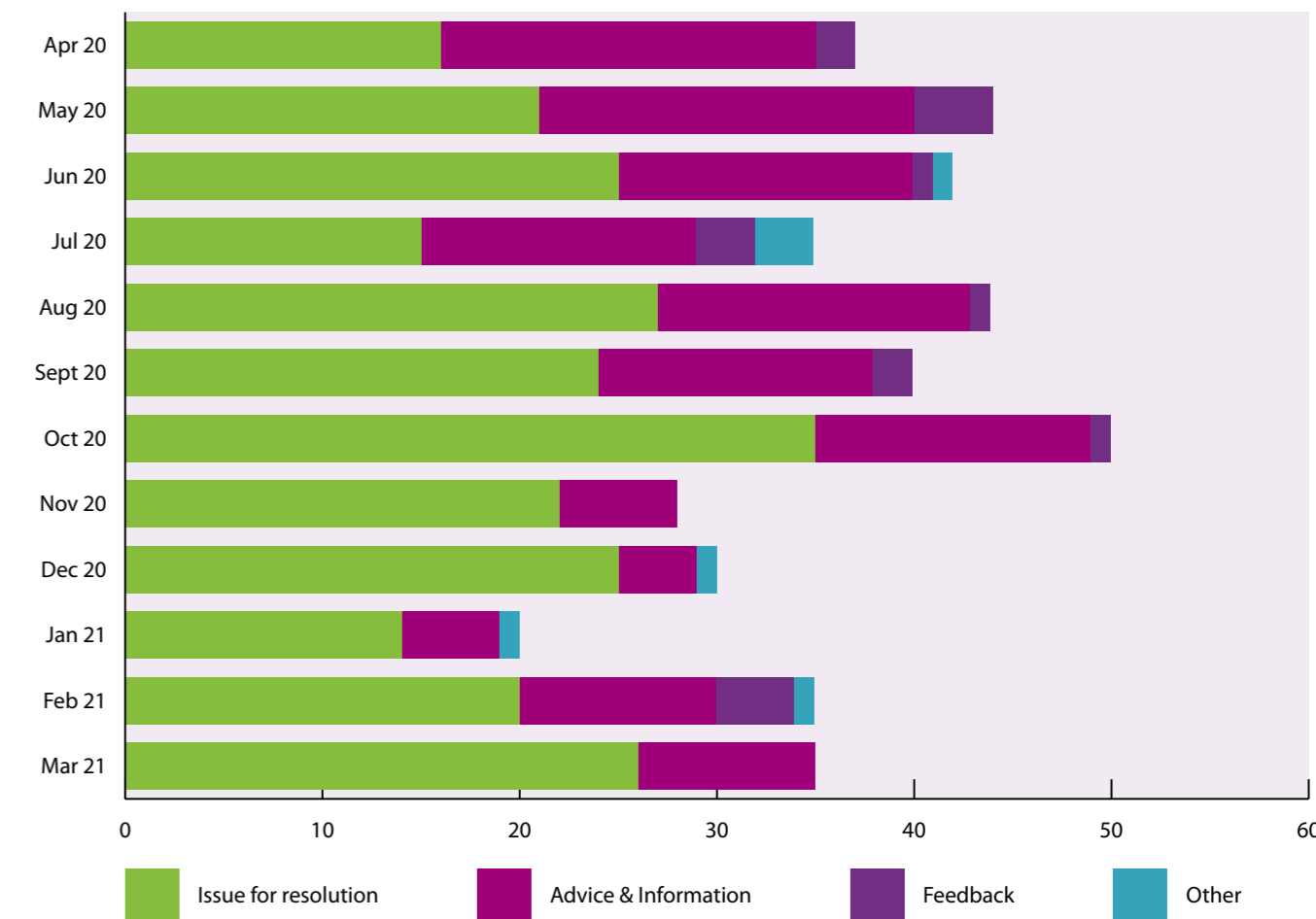
## PATIENT ADVICE AND LIAISON SERVICE

In addition to the Friends and Family Test questionnaires, our patient liaison leaflets and posters are prominently displayed at all our sites. Our website gives details of the Patient Advice and Liaison (PALS) team, and we strive to ensure that our patients can give compliments, ask questions, raise concerns or make formal complaints easily and with complete confidence. The PALS team are committed to listening carefully to patients, offering to visit complainants when necessary, to resolving issues as quickly as possible and to respond in a fair, open and honest manner.

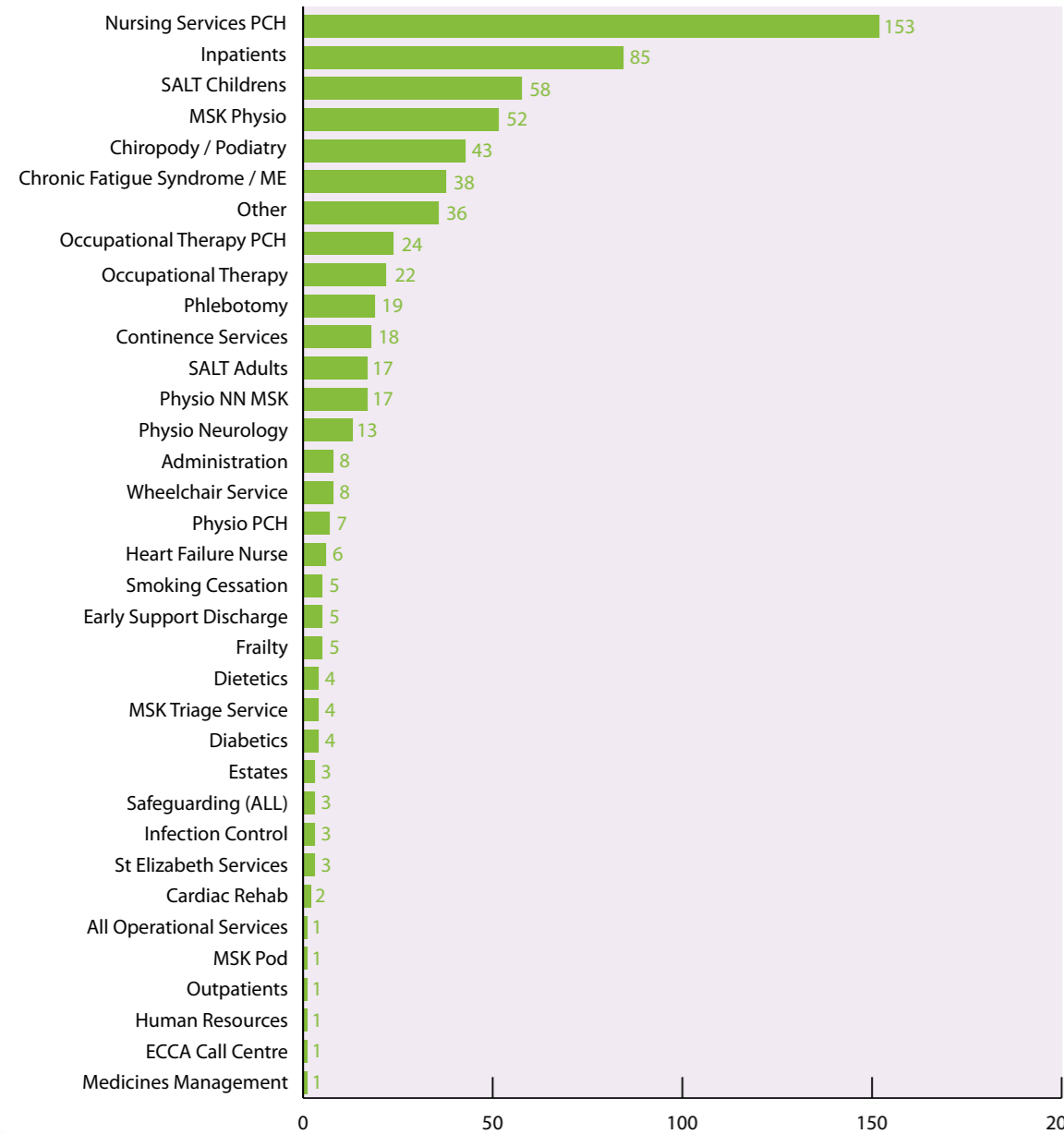
### Learning from Complaints and PALS Concerns

As a learning organisation, complaints are a vital source of information shared across our services to inform and improve what we do. Whenever potential service improvements are identified, complainants are informed by letter that any resulting action plans have been completed. Monthly results are uploaded on ECCH's website ([www.ecch.org](http://www.ecch.org)). The graphs below provide details of the complaints received during the year 1 April 2020 to 31 March 2021. During the COVID-19 pandemic we resolved all complaints informally, if possible, and only followed the full formal complaints process if a resolution could not be agreed with the patient.

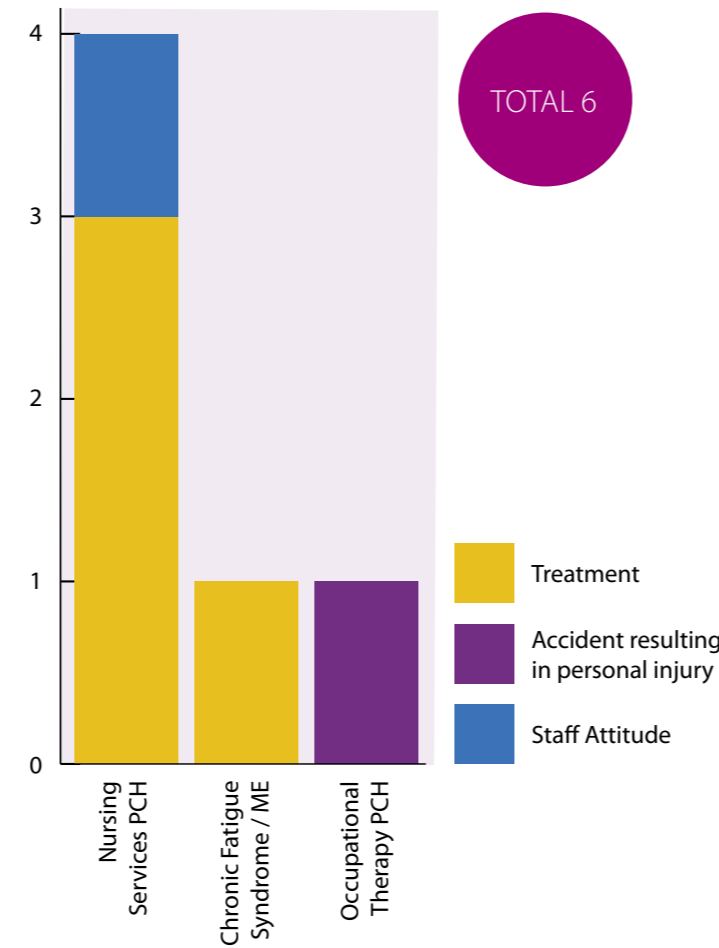
## PALS enquiries received



**PALS compliments received: March 2020 - April 2021**



**All complaints received: April 2020 - March 2021- by service and type**



**PATIENT FEEDBACK**

*"The patient says he was out in the garden filling a watering can when he realised he was able to lift it without pain. He told me that, when you first saw him, it took him 2 hours to shave and he was unable to button his shirt. He would like to say a very big thank you."*  
North Norfolk MSK

*"Just wanted to let you know that my bathroom was finished last weekend - joy. The result is that I am shiny clean and feel like a different person - absolutely wonderful. Thank you so much for making this happen and for all the help you've given me. It's all made such a difference to my life."*  
Occupational Therapy

*"You all do a wonderful job, especially in the last 12 months since Coronavirus reared its head. You deserve infinite credit and thanks and I hope this letter goes some way towards expressing my gratitude. I couldn't have done it without you and I receive solace in knowing that because of your team we were able to keep my husband at home...exactly where he wanted to be."*  
Primary Care Home

*"This is just to say a huge thank you for looking after our dad so well. He couldn't have had better care anywhere. He often told us how lovely you all were. Also, thank you for looking after us."*  
Minsmere Ward, Beccles Hospital

*"I was so impressed with my nurse - she really knows her job. She made me feel special, and that she cared about me as a person. A great set up, and am so thankful to have been able to use it."*  
Cardiac Rehabilitation

*"The physio has been amazing, from the very start she was so understanding of my needs and took time to show me moves, reassure me, encourage and support me. Her knowledge is impeccable and she knew when and how to signpost me to other services which made the referrals so simple. Even though it was physio she was doing she supported me in other things in my life without questioning, or looking down on me. She truly has been a superstar."*  
Physiotherapy

*"When he rang, the physio already seemed to have read my file (which is considerable) and have a grasp of my problems. Later in the day my GP had already received his recommendations. Impressive - he was on top of his task, easy and pleasant to talk to and extremely efficient."*  
MSK Triage

*"Can I please thank you so much for caring, making a difference and providing me with so much comfort that I don't think you realise how much this meant. You really did make a difference and for this, I am very grateful indeed. Thank you so much for all you did."*  
Heart Failure

## Health & Safety, Security & Resilience

ECCH is proud of its reputation for Health and Safety, Security and Resilience and is committed to ensuring the health, safety and welfare of everyone associated with our business. We employ a small, specialist team who manage, support and advise our directors, executives and operational personnel on these essential issues. Assurance and governance for Health and Safety, Security and Resilience functions is managed through the ECCH Health and Safety Management Committee and its Integrated Governance Committee.

### HEALTH AND SAFETY

During 2020-21 ECCH has remained compliant with statutory health and safety standards. Our accountable Executive Director for Health and Safety is the Executive Director of Quality. Within 2020-21, during the COVID-19 pandemic, ECCH increased the frequency of Health and Safety Committee meetings to monthly and streamlined its reporting. This increased its engagement with staff in the context of both formal and informal health and safety consultations.

### EMERGENCY PREPAREDNESS

Under the Civil Contingencies Act, ECCH remains committed to its duties as an active partner within the local health sector resilience arena, working collaboratively with our health and social care partners, NHS England and local authorities to ensure cohesive healthcare support in the event of an emergency or major incident affecting our community. All Business Continuity Plans have been reviewed and are updated regularly to incorporate changes to, and the suspension of, some services due to COVID-19.

## RESILIENCE AND RESPONSE

Under its NHS contract, ECCH is required to maintain a security management provision in line with NHS security management standards. ECCH employs an Accredited Local Security Management Specialist (ALSMS) who works with all personnel within ECCH, and collaboratively with other local healthcare ALSMS and police, to promote and ensure safety by tackling violence, harassment and abuse against our staff, patients and carers.



## Workforce Quality

In 2020/21 ECCH's average number of staff employed was 789, compared to the previous period when the average headcount was 773. The turnover rate during 2020/21 was 11.92%, which is average for an organisation of our size. ECCH works in partnership with local and regional health and social care organisations to identify and plan workforce priorities across our STP footprint. Planning workforce priorities to address recruitment, development and the retention of health and social care staff is key to the future sustainability of our organisation and our local health and social care services. Our People Strategy identifies ECCH's workforce priorities to support the delivery of our vision and objectives. It focuses on five themes – culture, wellbeing, management and leadership, staffing and workforce transformation.

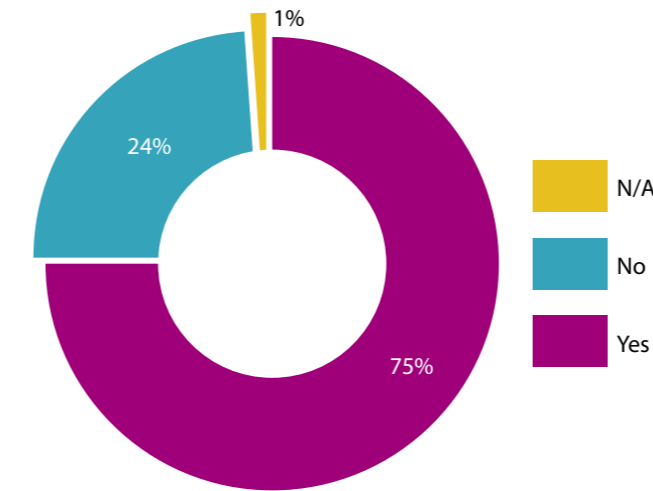
### STAFF VOICE

Owing to the pandemic, we did not carry out our detailed annual staff survey as it was felt that staff did not have the capacity to complete it. However, we did carry out a series of smaller surveys including a wellbeing survey to analyse how staff were feeling in the light of the unprecedented working environment. This was in addition to a series of round table discussions where staff joined the outgoing chief executive Jonathan Williams to voice their feelings on working during the pandemic. These involved frontline and professional support staff.

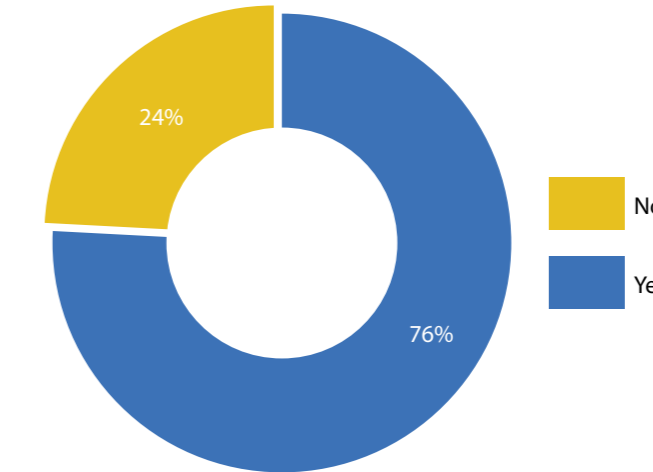
The combined results of these exercises gave us a rounded view of staff opinion from both a qualitative and quantitative perspective. 81% of staff said their Line Manager ensured key messages and information were disseminated all or most of the time, 75% said they had sufficient contact with their line manager, 76% said they

had sufficient contact with colleagues and 78% said they had sufficient health and wellbeing information and advice.

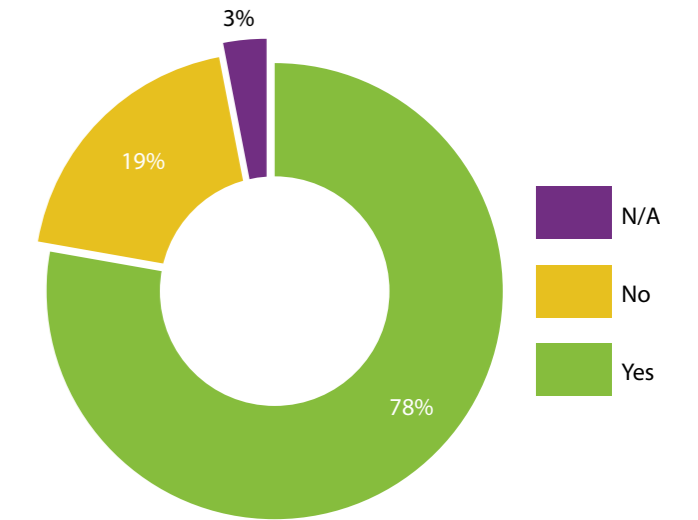
### Do you feel you have had sufficient contact with your Line Manager?



### Do you feel you have had sufficient contact with colleagues?



### Do you feel you have had sufficient contact with colleagues?



We also introduced a weekly staff webinar in March 2020, hosted by the chief executive, which has given staff the opportunity to ask questions of the leadership team as well as stay up-to-date with important organisational updates. 57% said they found this helpful or very helpful. In addition, we introduced a fortnightly wellbeing newsletter with advice and links to additional support options, and a mobile phone app for communicating with staff. This is particularly useful for sharing important messages with those working in the field with little access to laptops. It also offers staff the ability to comment and engage with topics.

### Webinar quotes:

*"The webinar is like having time with leaders, we can see them and their reactions, know that they are listening"*

*"The weekly webinar was one of the best things, being able to send in questions really helped a sense of connection"*



## CULTURAL DEVELOPMENT PROGRAMME

In November 2020 we came to the end of the initial three-year period when our Evolve cultural development programme was supported by Pulse UK culture change specialists.



This programme has enabled us to embed a series of signature behaviours across the organisation which have become part of our working life. The aim of Evolve was for all staff to feel a sense of connection across ECCH and share in the collective achievement of our goals. These could not have been evidenced more positively during the pandemic as teams have pulled together to provide the best possible care and support patients to recover. As we take the programme forward, we plan to adapt our quarterly Evolve surveys to incorporate wellbeing, communication and leadership questions.

The results of our final Evolve 'pulse check' in 2020 were adversely affected by the pressures on staff during COVID and was, unsurprisingly, completed by only 20% of operational staff and 39% of those working in corporate functions. The Net Culture Score, which reflects how staff assess their own and their colleagues' performance at demonstrating the signature behaviours was 53% for those in corporate functions and 44% for those in patient-facing roles. However, the feedback from those who took part was very positive:

### Comments from our final Pulse Check Survey:

#### My Responsibility, My Accountability

- Everybody has pulled together during the pandemic and taken responsibility for making sure that they

continue to deliver really good care.

- Every member of staff has had to take responsibility for their learning and workload as we have had massive systemic changes to our service.

#### Work Together, Achieve Together

- Everyone has gone the extra mile - pulling together from a professional and health and wellbeing perspective. Great team!
- All have been working differently, at an increased pace and being asked to respond quickly to changing needs. It has enabled the team to rise to any challenge and deliver in short time frames both internally and across our local system.

#### Be Cost Conscious, Respect our Resources

- The pandemic has enabled everyone to have a new perspective on old and/or existing ways of doing things and there have been copious examples of new ways of working that we are likely to keep.

#### We Listen, We Learn, We Lead

- We are learning from each other all the time... in supervision sessions and during monthly team meetings when we each present a case study, share journals etc.
- Mobile working appears to have actually improved communications in many areas - and given us all time to reflect.

## STAFF ABSENCE AND WELLBEING

ECCH's cumulative absence rate for the period was 5.01%, this is a small increase on last year's figure of 4.69%. However, it is important to note that this figure includes all COVID-19 related absences.

Our approaches to health and wellbeing have been adapted during the coronavirus pandemic to ensure our staff are thoroughly supported. Occupational

Health/Human Resources have fully integrated with management to ensure employees are safe and well at all levels of the organisation and have been key contributors to both the organisational Incident Management Team (IMT) and key drivers in managing outbreaks and individual IMTs. Our peer support network has operated well to support staff, and the implementation of an Employee Assistance Programme and our own Cognitive Behavioural Therapy service have been key mechanisms of support. In order to maintain standard referrals, an independent Occupational Health provider was commissioned to provide cover in bimonthly clinics and our physiotherapist has provided an extra clinic day twice a month to meet demand. Occupational Health/Human Resources have been the lead service in both COVID-19 risk assessments and staff vaccination processes, which have both been successful.

## WELLBEING WEBCAST

A virtual wellbeing webcast was held in April which, over a three-day period, covered our experience of the last year, current wellbeing and plans for the future. The feedback from this event was very positive and in terms of format, will be something we will look to repeat. We have subsequently surveyed our staff group from a wellbeing perspective and have also carried out a survey of office-based staff to understand their experiences of working from home during the pandemic. The purpose of this exercise is to understand staff attitude to a hybrid model of work, incorporating both home and office working, and investigate what that might look like, taking into account an endemic virus as well as an ever-changing risk landscape in the future.

## CLINICAL EDUCATION

ECCH was not selected for a visit by Health Education England this year. We believe this reflects the continued high standard that the Practice Education Team maintains and we remain committed to continuous progress through our Annual Improvement Plan.

Our first two cohorts of Trainee Nurse Associate Apprentices (Nov 2018 & Feb 2019) have now completed their courses, and we are delighted to report that all three of them are now in Registered Nurse Associate (RNA) roles within ECCH. In addition, we have also recently recruited two more RNAs (into Community Nursing & Minsmere Ward) who came to us on placements during their Trainee Nurse Associate course. This reflects well on the level of support that our clinical teams offer our own apprentices, as well as those from external colleagues.

Our third cohort (Feb 2021) was suspended temporarily during the pandemic. However, they have now returned to their training programme and are nearing the end of their revised first year. The fourth and largest cohort - five TNAs in Feb 2021 - are also progressing well and are currently undertaking their first placements.

In February 2020, ECCH enrolled our first apprentice onto the Occupational Therapy Degree programme and two more Occupational Therapy apprentices will be appointed to commence their studies in February 2022. In addition to this apprenticeship, we are pleased to announce that four candidates will soon be embarking on ECCH's first Nursing Degree Apprenticeship, which is a 2-year course, for those already in possession of an appropriate Foundation Degree who want to pursue a career in Adult Nursing. This cohort will commence in October 2021.

All of our apprentices are invited to peer support sessions, face-to-face when possible or virtually.

The team encourages and welcomes feedback from those students who have had a placement with ECCH. This continues to show a 90% overall placement satisfaction. 90% of our learners have also expressed the desire to work with us when they qualify. This high level of satisfaction and engagement with our potential workforce reflects the hard work our clinical teams put into supporting them whilst on placement. This is particularly remarkable, given the challenges of the last 12 months.

Last year we introduced an 'end of placement' debrief session which ensures that learners have the opportunity to reflect on their placement experience and achievements. It informs the team of any areas which require additional support and enables them to respond in a 'you said, we did' style. These meetings also afford the Practice Education Team the opportunity to feedback to managers any particular positive comments made by learners about their teams or individuals.

In January 2021, ECCH and other practice partners from across Norfolk and Waveney were involved in an Occupational Therapy Placement Pilot - Rehabilitation Entrenched Community Integration Programme Evaluation (RECIPE). ECCH participated in the pilot project for Occupational Therapy Students, facilitated by the University of East Anglia and the Elizabeth Casson Trust. The project is a response to the COVID-19 pandemic, when students missed out on their spring/summer placements. Across the Norfolk & Waveney area, 30 Occupational Therapy students were placed across organisations and ECCH accommodated 20 of these 1st and 2nd year students. We applied a Coaching Model - Peer Assisted Learning - across 10 services. These included Minsmere Ward, Primary Care Homes and Specialist Services. Given the unprecedented pressure on our services at this time, the feedback from the RECIPE Students and the UEA was fantastic and a glowing account of how ECCH supports learning, even in the most difficult of times.

ECCH is part of the Norfolk and Waveney STP Workforce Development Group and works alongside our partners to ensure there is a consistent approach to the potential workforce across the STP footprint.

Our Preceptorship programme remains well established and our Newly Qualified Professionals (NQP) continue to engage with the programme. Health Education England (East of England) commissioned the University of East Anglia to produce and develop a standardised Preceptorship Programme for our STP in 2016. Since the Practice Education Team has been delivering this programme to our NQPs, the theoretical side of this has remained unchanged and continues to be delivered as intended. However, some of the practical elements have been amended and adapted to become more relevant to the challenges, experiences and requirements of a NQP working for ECCH. The feedback from participants has been very encouraging - even when being delivered via Zoom!

In addition to this, ECCH services in the past 12 months have invested in our future workforce by employing 15 Newly Qualified Professionals, nine of whom have previously been students with ECCH.

Throughout the past 12 months, relationships with external practice partners, the STP & our local higher education institutions have continued to grow, develop and in some ways improve. Through regular communication, information sharing and openness, we have been able to ensure that our own apprentices and visiting students have been extremely well supported and offered professional and pastoral support and advice throughout their time with us.

## TRAINING AND DEVELOPMENT

We believe in investing in the development of our staff to ensure the continued deliverance of high

quality services. Even during the pandemic, when training requirements were temporarily altered across the country, our mandatory training compliance rate continued to exceed the target rate of 90%. We believe this is because our staff fully understand the importance of maintaining standards.

During this time much of our mandatory training had to be redeveloped, with a significant amount of it becoming eLearning or workbooks in order to reduce unnecessary contact. We also paused the delivery of non-essential training whilst we redeveloped and created new training via digital platforms. We call them Virtual Learning Sessions.

We recognised that staff still needed development and training support during this time, but we needed to do this safely and in bitesize chunks so staff could fit it in to their extraordinarily busy schedules. Much of what we developed was intended to assist managers who were having to support their teams in very different ways. Many sessions also had a wellbeing focus.

For all employees who have line management and supervisor responsibilities, there are opportunities to achieve qualifications such as Institute of Leadership and Management or Chartered Management Institute (CMI) Levels 3 or 5 in Leadership and Management, and CMI Level 7 in Strategic Management and Leadership.

## CLINICAL SUPERVISION

Clinical supervision has been more important than ever during the pandemic. With parts of the workforce redeployed into very different roles and many staff working in different ways to ensure COVID security, we have developed new ways to support staff and provide safe and effective care.

A buddying system was initiated for redeployed staff, ensuring that they had mentoring as they adapted into their temporary new roles. The team ‘huddles’ at Primary Care Home level and the ward rounds on Minsmere Ward have provided an opportunity for learning and reflection – a key element of supervision. Daily well-being check-in meetings have provided platforms to recognise where wider and more in-depth supervision has been required. We will build on the legacy provided by the pandemic to focus on bringing supervision and reflection into every working day.

## STAFF AWARDS

We decided not to hold our annual Staff Awards in 2020 as it would have been impossible to single out individual staff and teams when everyone was working so hard in such difficult circumstances. However, we continued to recognise staff achievements through our ‘Star of the Month’ initiative in which staff nominate colleagues who have ‘gone the extra mile’ and our Shareholder Council decides who should be receive a commendation in the staff newsletter and a small shopping voucher prize.

A number of ECCH staff were recognised at national level and received prestigious awards:

## NATIONAL NURSING AWARD FOR PRIMARY CARE HOME LEAD

ECCH’s Locality Lead for Lowestoft Primary Care Home team, Kate Spence, was awarded the Queen Elizabeth the Queen Mother Award for Outstanding Service by The Queen’s Nursing Institute in 2020.

The prestigious award is given to community nurses who provide exceptional care to their patients and demonstrate a continuing passion and enthusiasm for nursing.

Kate was praised for her dedication to coaching and supporting local community nurses, as well as her use of research evidence to improve patient care. Having gained a research fellowship to examine issues around pain and dementia, Kate is continuing to work with local care homes to improve pain assessment and management.

## TISSUE VIABILITY NURSE RECEIVES PRESTIGIOUS AWARD

Tissue Viability Specialist Nurse Jayne Jode was awarded the Chief Nursing Officer’s Silver Award for her work to improve the care of patients who have skin tears and pressure ulcers in Great Yarmouth and Waveney.

The award is given to nurses who make major contributions to their profession, providing excellent care, leadership and inspiration to their colleagues and patients.

Jayne led her team to design a new skin tear pathway, which has been used to train staff in local care homes to correctly diagnose and dress skin tears in residents. Having led to a significant reduction in skin tears and improved healing rates, the pathway was introduced in 90 care homes across Great Yarmouth and Waveney, with plans for the pathway to be rolled out across all residential homes in the Norfolk and Waveney area.

Alongside this initiative, Jayne has been commended for her work to improve pressure ulcer care, which has seen prevention and treatment training extended across all ECCH’s clinical teams and local residential, nursing home and domiciliary care staff. Jayne has

also contributed to research projects for NHS England, as well as helping to organise local events to educate carers and health workers about how to prevent pressure ulcers occurring, and how to treat them effectively.

## NURSE VOTED ‘OUTSTANDING STUDENT’

District Nurse and Clinical Educator Leigh Hewitt was awarded the Philip Goodeve-Docker Memorial Prize by the Queen’s Nursing Institute. The £50 prize and certificate is offered to the most outstanding district nursing students in every university in England, Wales and Northern Ireland.

Alongside his role at ECCH, Leigh studied for the Specialist Practice District Nursing degree course at the University of Suffolk, with his work recognised as “exceptional”. He was unanimously voted the top performing student in his cohort by the region’s Practice Mentor Forum.

## TALENT FOR CARE

Talent for Care is a national strategic framework to develop the healthcare workforce. The table below outlines the Strategic Intentions and the work ECCH is doing in response.

Talent for Care Strategic Intention	ECCH Response
Broaden the ways into training and employment in the NHS, especially to <b>attract more young people and improve diversity</b> within the workforce.	<ul style="list-style-type: none"> <li>We continue to provide the opportunity to place bands 1-4 on Apprenticeship standards for their role.</li> <li>We work with local schools and education providers to develop a work experience programme for young people to gain an understanding of the diverse career opportunities within the health and social care sector. This is implemented with a rotational work experience programme which includes a range of observations in all healthcare services ECCH provides (clinical and non-clinical)</li> <li>We continue to identify and expand the number of health ambassadors within our organisation, including apprentices.</li> <li>We support The Prince’s Trust Programme annually, providing clinical placements and an opportunity to complete the Care Certificate and are looking to support additional pre-employment programmes such as Kickstart.</li> </ul>
Increase the chances for people to <b>try new experiences of working in the NHS</b> .	
Engage more staff to act as NHS Ambassadors who can <b>promote NHS careers to schools, colleges and local communities</b> .	
Challenge and support every NHS employer and contractor to implement a <b>development programme for all support staff</b> that is over and above annual appraisals and training.	<ul style="list-style-type: none"> <li>We have rolled out the Care Certificate as part of our induction programme and have been supporting in-post staff to achieve the Care Certificate within their roles/service areas.</li> <li>We continue to provide opportunities for our workforce to undertake an Apprenticeship pathway to support the development in their current role.</li> <li>We have recruited one Occupational Therapy Degree Apprentice and continue to receive ongoing interest and plan for the Nursing Degree Apprenticeship and next cohort for the Occupational Therapy Degree Apprenticeship.</li> <li>We have recruited to 10 Nursing Associate Apprenticeships and continue to support this. Three have now qualified and have been successful in gaining a position with ECCH as Registered Nursing Associates. This apprenticeship allows staff to gain a registered position and will become registered with the Nursing and Midwifery Council.</li> </ul>
All new healthcare support staff to achieve the new Care Certificate, which will be introduced in March 2015 and, for those who want it, a <b>universally recognised Higher Care Certificate</b> .	
Double the numbers of Health Education England funded or supported apprenticeships by March 2016 and establish an <b>NHS Apprenticeship Scheme to rival the best in the country</b> .	
<b>Simplify career progression</b> for those who want it with innovative new roles and pathways to promotion, including more part-time higher education as a route into nursing and other registered professions.	<ul style="list-style-type: none"> <li>Three members of staff have qualified as Registered Nurses through the work-based learning route and have moved into Registered Nursing posts.</li> <li>We seek to provide ‘step on’ apprenticeships for those who would like to develop into professional healthcare roles aligned to our workforce plans.</li> <li>We are part of the working party with the local workforce partnership to develop transferability of the Care Certificate as part of a system-wide agreement.</li> <li>A range of strategies such as integrated care skills have been implemented to support, develop, identify and nurture existing talent to support progression and succession planning.</li> </ul>
Agree with employers and education providers a <b>universal acceptance of prior learning, vocational training and qualifications</b> .	
Support <b>talent development</b> that identifies and nurtures people with the potential to go further, especially for those wanting to move into professional and registered roles.	



## Audits & Care Quality Commission Inspections

ECCH is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. ECCH was rated as 'Good' following an overall inspection of its services in 2017.

### NATIONAL AND LOCAL CLINICAL AUDITS

In 2020/21 ECCH audits were put on hold due to COVID-19.

### DATA QUALITY

ECCH continues with an extensive programme of activity to review critical metrics and the data which underpins them. This has resulted in increasing levels of confidence in core data quality, both within ECCH and for our commissioners and stakeholders. Our Business Intelligence team continues to develop our suite of dashboards and strengthen the underpinning architecture, making it more resilient.

We recognise the rigorous governance processes required and we have been working to ensure that we are compliant with the requirements of General Data Protection Regulation (GDPR). Reporting on incidents and compliance is a standing agenda item for our Integrated Governance Committee.

ECCH has its own Data Protection Officer who is active within the wider STP Information Governance arena and ensures the organisation remains GDPR compliant. ECCH completes the Annual Data toolkit submission.

## APPENDIX 1 – SERVICES PROVIDED IN 2020/21

From April 2020 to March 2021 ECCH provided and/or sub-contracted 31 services for the NHS, public health and social care:

Adult Services	Children and Family Services	Health Improvement Services
Community Nursing	Children's Speech and Language Therapy (Norfolk)	Smoking Cessation
Community Matrons – intensive case management	Safeguarding Adults and Children	TB Control Team
Occupational Therapy	Looked After Children	
Infection Prevention and Control		
Falls Prevention Service		
Inpatient Services		
Specialist Palliative Care (with St Elizabeth Hospice)		
Diabetes		
Dietetics		
Early Supported Discharge (Stroke)		
Physiotherapy		
Adult Speech and Language Therapy		
Continence & Lower Urinary Tract Service		
Pharmacy & Medicines Management		
Neurological Specialist Nursing		
Podiatry		
ME/Chronic Fatigue Syndrome Service (Norfolk & Suffolk)		
Four Primary Care Home Teams: Gorleston, Great Yarmouth and the Northern Villages, Lowestoft and South Waveney		
Heart Failure and Cardiac Rehabilitation		
Wheelchair Services		
Stoma Care		



# APPENDIX 2 – LETTERS FROM STAKEHOLDERS



**Karen Watts, Associate Director of Nursing & Quality  
NHS Norfolk & Waveney CCG**  
Floor 2, Lakeside 400  
Broadland Business Park  
Old Chapel Way  
Thorpe St Andrew  
Norwich NR7 0WG  
[karen.watts9@nhs.net](mailto:karen.watts9@nhs.net)

24 June 2021

**Sent by email to:**  
**Paul Benton, Director of Quality**  
East Coast Community Healthcare CIC  
Hamilton House  
Battery Green Road  
Lowestoft  
Norfolk  
N32 1DE

Dear Paul

**Re: Commissioner Response to East Coast Community Healthcare (ECCH) Quality Account 2020-2021**

I am writing to confirm that NHS Norfolk and Waveney Clinical Commissioning Group (CCG) supports the organisation in its publication of a Quality Account 2020-2021. Having reviewed the report, we are satisfied that the Quality Account incorporates the mandated elements required, based on the information available.

The CCG recognises the significant challenge ECCH has faced during the COVID-19 pandemic and the challenge of delivering safe care and services at this unprecedented time. The organisation has proactively developed adaptive ways in working to respond dynamically to deliver safe care and we commend the compassion and commitment of all staff during this time to keep patients, carers and staff connected and as safe as possible. We recognise the skill and commitment of the staff, of whom we know have gone above and beyond to deliver care to our communities and we express our gratitude to them.

ECCH has worked in collaboration with system partners and other key stakeholders as part of the emerging Integrated Care System (ICS) to strengthen and enhance integrated working practice, focussing resources where our patients need them most. We thank the organisation for your work in supporting the system wide COVID-19 response.

The CCG acknowledges the challenges experienced over the last contractual year and the impact that this has had on the organisation and commends ECCH for their resilience in progressing and performing well against their priorities. The Trust has received positive verbal feedback from the Care Quality Commission (CQC) following the Well-Led inspection completed earlier this year according to the CQC's transitional monitoring approach to monitoring services during the pandemic.

NHS N&W CCG LETTER – FINAL 24.06.21

We recognise the organisation's commitment to the continuous improvement of Specialist Palliative Care (SPC) services within the Great Yarmouth and Waveney locality, in conjunction with St Elizabeth Hospice; in particular the flexible approaches undertaken during the pandemic to ensure that patients, their families and carers receive the support and care they require in their preferred place of care and the co-location of the SPC nursing team with the Primary Care Home (PCH) teams who are working together to deliver seamless care.

The CCG notes the completion of the organisation's three-year Evolve Cultural Development Programme in November 2020 which has resulted in a series of signature behaviours being embedded across the organisation and the sharing of the collective achievement of goals with your staff. We support your aspiration to continue with regular Evolve surveys incorporating wellbeing, communication and leadership questions.

We commend your approach to health and wellbeing during the pandemic with the successful integration of the Occupational Health and Human Resources Teams with management, your peer support network, the implementation of the Employee Assistance Programme, your Cognitive Behavioural Therapy service and the virtual Wellbeing Webcast, all of which have been key to ensuring your staff receive thorough support.

The CCG sincerely congratulates the staff who received prestigious awards during 2020-2021. The Lowestoft PCH Locality Lead; awarded the Queen Elizabeth, the Queen Mother Award, for Outstanding Service by the Queen's Nursing Institute by providing exceptional care to patients and demonstrating a continuing passion and enthusiasm for nursing. The lead Tissue Viability Nurse; awarded the Chief Nursing Officer's Silver Award for providing excellent care to patients with the introduction of the new skin tear pathway which is being rolled out to all residential homes in Norfolk and Waveney. The District Nurse and Clinical Educator; awarded the Philip Goodeve-Docker Memorial Prize by the Queen's Nursing Institute for being the most outstanding District Nursing student across England, Wales and Northern Ireland.

We note and support ECCH's Quality Priorities for 2021-2022 and welcome the opportunity to work collaboratively with you to achieve your main areas of focus;

- To ensure there are clear mechanisms in place to ensure patients have positive experiences whilst in your care, are involved in your services and hold the organisation to account; with specific attention on reducing health inequalities within the Integrated Care System (ICS) and continuing improvement in the Specialist Palliative Care pathway.
- To improve patient outcomes by ensuring best practice, the implementation of NICE guidance, taking part in national and local clinical audits and looking after your staffs' wellbeing by providing clinical supervision and support; with specific attention on learning gained during the pandemic, the further development of new ways of working and continually developing your integrated community response with ICS partners to improve clinical outcomes and patient experience.
- To ensure your patients are treated in a safe environment and safeguarded from avoidable, unintended or unexpected harm whilst in your care and to work together with other health providers and the wider ICS to improve quality and safety across the system; with specific attention to improving the prevention of pressure ulcers and increasing the adoption of preventive strategies in your inpatient unit and in the community and to improving the functionality of the SystemOne electronic record system to ensure accurate reporting of patient care and to facilitate data collection.

NHS N&W CCG LETTER – FINAL 24.06.21

We would like to thank your staff for their strong leadership and hard work, underpinning continuous improvement in the quality of care delivered to the local population, and once again to thank all staff for their hard work and commitment to responding to the needs of their community.

On behalf of NHS Norfolk and Waveney CCG, I would like to personally thank you for the warm welcome we receive, for your transparency and openness, and continued hard work.

We look forward to working with you throughout the 2021-2022 contracting year.

Yours Sincerely

**Karen Watts, Associate Director of Nursing and Quality  
NHS Norfolk and Waveney Clinical Commissioning Group**

cc. Cath Byford, Chief Nurse, NHS Norfolk and Waveney Clinical Commissioning Group

NHS N&W CCG LETTER – FINAL 24.06.21





**Healthwatch Norfolk Review of Quality Account**

Healthwatch Norfolk (HWN) welcomes the opportunity to review the draft East Coast Community Healthcare (ECCH) Quality Account for 2020/2021 and to comment on the quality of the services commissioned locally to meet the needs of residents in the Norfolk.

Name of provider: ECCH	Comments
<b>Readability</b> Is there an executive summary/CEO statement?	Yes - but very long Yes: highlighting the challenges faced due to pandemic and the way staff have adapted in continuing to provide and improve services
Is the document well laid out, easy to read?	Well laid out - perhaps some bullet points could be utilised to reduce long sentences. Perhaps some headings could be more aligned such as QUINN could be mentioned before new services
Is there a glossary?	Yes
Is the document available in different formats? e.g. electronic, hard copy, Braille, other languages?	Yes
Are priorities for the past year clearly identified?	Part 3 sets out the past priorities
Have the priorities been achieved?	RAG used to identify which have been achieved and which are still ongoing to be achieved and some on hold due to pandemic that required staff deployment to frontline and prioritising the core and immediate services.
Are the priorities for the forthcoming year clearly identified?	Yes - in Part 2. We have been assured that the outstanding past priorities will be addressed in the forthcoming year
<b>Are the following areas included</b>	
Patient safety?	Yes - Infection Prevention and control - uptake of flu vaccine up to 94%, good and clear plan for detection and early treatment of e-coli Covid-19 has been a major work stream -Swab and IPC testing vaccination programme, antibody testing. Pressure ulcer continues to be an issue work in improving the incidents continues
Clinical quality and effectiveness?	Pandemic - necessitated redeployment of staff in various roles to support Primary and Community and acute areas to support colleagues. Introduction of High Intensity Users service introduction to reduce frequent visits to A&E. Ageing Well Team support to people at home to avoid hospital admission - this service has extended to out-of-hours work. Diabetes service has continued throughout the Covid-19 providing virtual and telephone consultation and has proved successful with increase in number of consultations. Various services benefitted in Primary care and social care - providing food packages and equipment for patients discharged home from acute care. Increasing bed numbers to provide care needs of various groups and many other examples demonstrates clinical effectiveness

Patient experience inc. family & friends test?	Shows high scores - 96% positive experience, higher from previous results - complementary feedback noted
Incident reporting & never events?	Of 3553 patients 13 incidents needed reporting 2020/21 - pressure ulcers related wound care still high - 73 developed after admission to ECCH care -9 cases reported as serious incidents
Complaints?	6 complaints From Mar 2020 to April 2021 - compared to 36 previously. Complaints included: 4 related to treatment, 1 related to staff attitude and 1 involved accident that resulted in patient injury
Workforce?	Annual Survey of workforce not undertaken due to pandemic. However, the account shows various ways of collecting workforce feedback - small surveys, weekly table discussions hosted by chief executive demonstrates positive feedback and workforce well supported. Cultural Development programme supported by Pulse UK seem most welcomed by the workforce. Good integrated education programme with various stakeholders' investment in training and development mentioned and provision of clinical supervision provided. Talent of Care - a national strategic framework to develop the healthcare workforce has received positively and some positive outcomes are demonstrated. 3 clinical staff acknowledged and received National and other various awards for clinical innovations in improving care and treatment for patients. Staff absence slightly increase that includes all Covid-19 related absences
Audits including participation in national audits?	Put on hold due to Covid-19
Data quality?	GDPR compliant
Feedback from CQC?	Not done since 2017 when ECCH was rated "good"
New services?	A few described within the Quality Account - Some developed due to Pandemic. Integrated Care System well utilised Use of technology and webinar training and development to continue providing services to patients. Aging Well Service. Partnership working development to provide Early Child and Family Services Within Clinical Research- focusing on Virus Watch - Phlebotomy Service has changed to appointment system and seem more effective. Various new services have developed at short notice to deal with Covid-19, such as Drive-through Swabbing. Supporting Mass Covid-19 vaccination programme.
CQUIN?	Suspended during Pandemic
PLACE results?	On hold due to Covid-19
18-week target (where applicable)?	---
IG Toolkit compliance?	Completed annually

Any other comments/observations:

- ECCH Quality account is very detailed and long and highlights the challenges posed by the Covid-19 pandemic. However, the organisation has demonstrated good examples of continuity of care and how working collaboratively and co-operatively with partners has helped in continuing to provide health and social services by focusing on priorities. Integrated Care System is well utilised.
- Thank you to ECCH and all their workforce for continuing to maintain health and social care services during the Covid Pandemic.
- The document could be less verbose for public access.
- Perhaps future evaluation of how the community/patients view the changes and in the way the services are delivered would be beneficial, such as digitisation and virtual consultation.

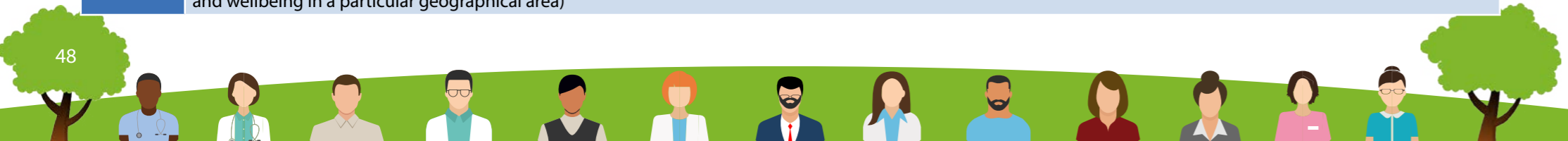
We look forward to continuing to work with ECCH in ensuring that the views of patients, their families and carers are central to ECCH's Quality agenda and improvement work and to make recommendations for change as and when appropriate.

Alex Stewart  
Chief Executive Officer  
June 2021

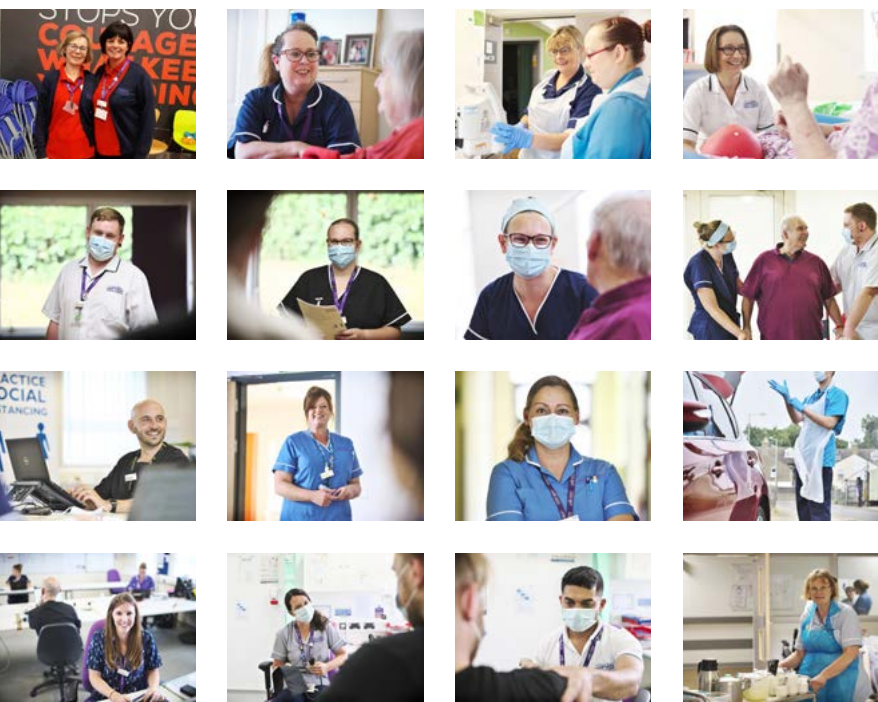


# GLOSSARY

AHP	Allied Health Professional
bMRSA	Bacteraemia Methicillin-Resistant Staphylococcus Aureus (a type of bacteria that is resistant to several widely used antibiotics)
C.DIFF	Clostridium Difficile (bacteria that can infect the bowel and cause diarrhoea)
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRN	Clinical Research Network
DoH	Department of Health
GDPR	General Data Protection Regulation
GP	General Practitioner
NWCCG	Norfolk and Waveney Clinical Commissioning Group
IPACC	Infection Prevention and Control Committee
IPCT	Infection Prevention and Control Team
JPUH	James Paget University Hospital
ME/CFS	Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (People with ME/CFS have overwhelming fatigue that is not improved by rest and can prevent them being able to carry out their usual everyday activities)
MHRA	Medicines and Healthcare products Regulatory Agency
MSSA	Methicillin-sensitive Staphylococcus Aureus (a type of bacteria that can live on the skin. MSSA is harmless unless it has an opportunity to enter the body through a cut in the skin, where it can cause a wound infection)
NICE	National Institute for Health and Care Excellence
NIHR	National Institute of Health Research
NNUH	Norfolk and Norwich University Hospital
PCN	Primary Care Network (Groups of GP practices working together to provide services to the local population)
PCH	Primary Care Home (ECCH's multi-disciplinary teams who support clusters of GP surgeries by providing integrated healthcare services within patients' homes)
PHE	Public Health England
PPG	Patient Participation Group (groups of volunteers interested in healthcare issues who advise a GP practice or health organisation on the patient perspective)
SPC	Specialist Palliative Care
STP	Sustainability and Transformation Partnership (a group of NHS organisations, local authorities and clinical commissioning groups working together to improve health and wellbeing in a particular geographical area)



# FEEDBACK – WE WELCOME YOUR VIEWS



We welcome and value your comments on our Quality Account. Please feel free to write to us at the address below:

**Ian Hutchison**  
Chief Executive  
**East Coast Community Healthcare**  
Hamilton House  
Battery Green Road  
Lowestoft  
Suffolk  
NR32 1DE

Email: [enquiry@ecchcic.nhs.uk](mailto:enquiry@ecchcic.nhs.uk)  
Website: [www.ecch.org](http://www.ecch.org)  
Twitter: [@eastcoastch](https://twitter.com/eastcoastch)

If you would like this leaflet in large print, audio cassette, Braille or in a different language please contact Andrea Dawson on **01502 445 297**.

